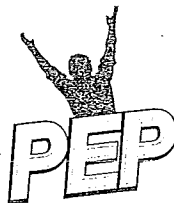


Empowering Special Needs Adults



Programs for Exceptional People

VOLUNTEER APPLICATION

Personal Information:

Name: _____
(First) (M) (Last)

Address: _____
(Street)

(City) (State) (Zip)

Phone: () Cell: _____

E-Mail: _____

Date of Birth: ____ / ____ / ____ OR SS Number: _____

Prior Experience and Work History (summarize):

Volunteer experience: _____

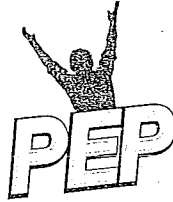
Employment: _____

Participation in Community Organizations: _____

Interests/Skills/Talents:

- | | |
|----------------------------|----------------------------------|
| _____ Special Events | _____ Mailings |
| _____ Activities w/members | _____ Mornings/afternoons |
| _____ Front Desk/Clerical | _____ Advocacy |
| _____ Board Committee | _____ Jazzercise/dance/art, etc. |

Empowering Special Needs Adults



Programs for Exceptional People

Level of PEP member contact: _____ No preference ___ One-to-One _____ Small group

Preferred Schedule: _____

Emergency Contact:

Name: _____

Relationship: _____

Phone: _____

Do you authorize PEP to search your background through SLED and the Sex Offender's Registry as well as any other references?

YES NO (please circle one)

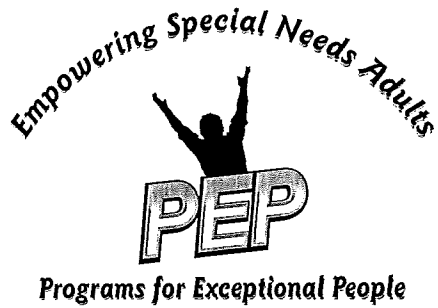
(Signature)

(Date)

Our Policy:

It is the policy of PEP to provide equal opportunities without regard to race, color, religion, natural origin, gender, sexual preferences, age or disability.

Thank you for volunteering with PEP!



RELEASE AND HOLD HARMLESS AGREEMENT

I, _____ understand that my participation and/or involvement in PEP carries with it the potential for certain risks, some of which may not be reasonably foreseeable.

I further acknowledge that these risks could cause me, or others around me, harm, including, but not limited to, bodily injury, or damage to property.

I am a willing participant in volunteering at PEP.

By signing this agreement, I agree to release, indemnify, and hold harmless Programs for Exceptional People, as well as all their employees, agents, representatives, successors, etc. from all losses, claims, theft, demands, liabilities, causes of action, or expenses, known or unknown, arising out of my volunteering at PEP.

Employee Signature: _____

Date: _____

Printed Name: _____

Witness Signature: _____

Date: _____

South Carolina Department of Social Services
CONSENT TO RELEASE INFORMATION

My signature below serves as my consent to authorize the South Carolina Department of Social Services, Division of Human Services, to conduct a search of the Child Abuse and Neglect Central Registry on myself and release the information to the individual/organization listed below. I also understand that all information provided on this form will be released to the individual/organization listed below. I understand that the information may prove unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with the release of information I have requested using this form. If it appears to me that the information in the Registry has not been updated or appears inaccurate, I will notify the Department immediately.

This consent is effective for a one time search of the Central Registry for the purpose of: Volunteer

Mail Results To: Programs for Exceptional People _____
 10 Oak Park Drive, Box 2 _____
 Hilton Head Island, SC 29926 _____

Central Registry Check Fee: (Check one and attach appropriate payment by check or money order.)

- | | | | |
|--|---------|--|---------|
| <input checked="" type="checkbox"/> Non-Profit Entities | \$8.00 | <input type="checkbox"/> Schools | \$15.00 |
| <input type="checkbox"/> Private Adoption Investigations | \$25.00 | <input type="checkbox"/> Child Care | \$8.00 |
| <input type="checkbox"/> For-Profit Entities | \$25.00 | <input type="checkbox"/> Other (Individuals, all others not named above) | \$8.00 |
| <input type="checkbox"/> State Agencies | \$15.00 | | |

Please Print or Type: (Complete spelling of name required, first, middle and last – no initials.)

Name: _____ DOB: _____ Sex: _____ Race: _____
 Maiden/Former Name: _____ Name Change: _____
 Place of Birth: _____ SSN: _____
 Current Address: _____ Previous Address: _____

This form MUST be witnessed (may be notarized). Submit appropriate payment and form for processing to:
 South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520;
 Telephone (803) 898-7318.

 Signature of Applicant Date

 Signature of Notary or Witness Date

RESULTS OF SEARCH OF THE CHILD ABUSE AND NEGLECT CENTRAL REGISTRY
 (This section to be completed by an authorized DSS employee only – Division of Human Services.)

- The name is not listed as a perpetrator in the Child Abuse and Neglect Central Registry.
- The name is listed as a perpetrator in the Child Abuse and Neglect Central Registry. According to state law, being named as a perpetrator prohibits an individual from being a guardian ad litem, member of the Foster Care Review Board, licensed foster parent or operating or working in a child day care facility or being employed, operating or volunteering in a residential child care facility. Further, being named as a perpetrator may affect an individual's capacity to adopt a child.
- Your request has been received. Please allow an additional 30 to 60 days to process your inquiry.
- Other – See attached correspondence.

 Authorized DSS Employee Date

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

MARK SANFORD
Governor



REGINALD I. LLOYD
Director

CRIMINAL RECORDS CHECK

(Please print your completed form and submit to SLED. You may want to print a copy for your records.)

Full Name (with middle name): _____

AKA and/or Maiden Names: _____

DOB: _____

SSN: _____

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily.)

Name of Charitable Organization (if applicable): _____

Charitable Verification Account # (if applicable): _____

PLEASE NOTE:

- The fee is twenty-five dollar (\$25) unless you are a charitable organization approved for a fee of eight dollars (\$8).
- A charitable organization must include its name and account number or request may not be processed.
- Payment must be business check (South Carolina only), certified/cashier's check, or money order payable to SLED.
- This report contains records of arrests and convictions made by state/local agencies in South Carolina only.
- Alteration of a completed criminal records check may subject a person to criminal prosecution.
- A completed criminal records check should not be accepted unless it bears an original SLED stamp.

(CJ-022) 7/6/09

