

### DOC ACCESS APPROVAL

Use **ONLY** for Pink, Orange and Green ID Cards (See DOC Policy 1.1.D.3 for Details)

(Valid for One Year)

CHECK ONE:  M-2  W-2  Volunteer  Special Event Visitor  Clergy  Vendor/Contractor  Tour  Other

Purpose for Visit: Living Stone Prison Church Event

Last Name	First Name	MI	Social Security Number
Street Address/P.O. Box	City	State	Zip Code
Home Telephone Number	Work Telephone Number	Cell Phone Number (optional)	
Date of Birth	Driver's License Number #	State Issuing Driver's License	
Previous Names Used (if applicable):			
Have You Ever Been Convicted of a Felony? <input type="radio"/> Yes <input type="radio"/> No If "yes", please explain below:			
Do You Know Any Inmates at a South Dakota DOC Facility? <input type="radio"/> Yes <input type="radio"/> No If "yes", please explain:			

**RELEASE:** My signature on this form authorizes the South Dakota Department of Corrections, or its representative(s) to obtain and review my criminal background and any other background information necessary. I certify that the information given is true, correct and complete to the best of my knowledge and belief.

**VOLUNTEER WORK AGREEMENT:** By my signature on this form I agree to perform the duties and responsibilities of a volunteer/clergy mutually agreed to by myself and the South Dakota Department of Corrections. I understand that my participation or services are voluntary, that I will not be compensated and that volunteer workers are provided worker's compensation coverage. I also understand that (if a volunteer worker) I will be covered by the same terms and conditions applicable to state employees according to the liability coverage program for public entities while performing volunteer activities. This agreement may be canceled at any time by notification of either party.

**FACILITIES USE AGREEMENT INDEMNIFICATION/INSURANCE CLAUSE:** By my signature on this form I agree to indemnify and hold the State, and its officers, agents and employees harmless from any and all liability, damages, actions, claims, demands, expenses, judgments, fees and costs of whatever kind or character, arising from, by reason of, or in connection with the use of any Department of Corrections' facility/property. It is the intention of the parties that the State, and its officers, agents and employees shall not be liable or in any way responsible for injury, damage, liability, loss or expense resulting to the user and those it brings onto the premises due to accidents, mishaps, misconduct, negligence or injuries, either in person or property. I expressly assume full responsibility for any and all damages or injuries which may result to any person or property by reason of or in connection with the use of the facilities pursuant to this agreement, and I agree to pay the State for all damages caused to the facilities resulting from my activities hereunder. My activities, pursuant to this agreement, will be supervised by adequately trained personnel, and I will observe, and cause participants in the activity to observe, all safety rules for the facility and the activity. I acknowledge that if I use a Department of Corrections' facility for a high risk activity I will be required to carry liability insurance in an amount determined by the State and I will be required to show proof of such liability insurance.

I have read the above agreement, understand it, and agree to serve as a volunteer worker, special events participant or clergy at a Department of Corrections' facility. (Write "NA" if not applicable)

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:** Background Check Complete:  Yes  No (Attach Printouts)

Special Security/Major Signature \_\_\_\_\_ Date \_\_\_\_\_ Deputy Warden/Designee Signature \_\_\_\_\_ Date \_\_\_\_\_  
Approved:  Yes  No

PHOTO ID IS REQUIRED TO GAIN ACCESS INTO A DOC FACILITY

**PLEASE RETURN THIS FORM AT LEAST FIVE (5) WORKING DAYS PRIOR TO VISIT/EVENT TO THE DESIGNATED SD DEPT. OF CORRECTIONS OFFICIAL.**