



Dear Volunteer,

Welcome to Collins Home & Family Ministries! We welcome your interest in becoming one of our volunteers and are pleased that you are willing to share your energy, time and talents with our children and staff. Volunteers have been an integral part of Collins Home for over 34 years. Their service has been consistently outstanding and has helped us rescue hundreds of children and families in crisis. Without our volunteers, we could not exist.

We have many volunteer opportunities divided into two (2) areas of our Ministry:

(1) Programs and Childcare

All volunteers directly involved with the children will have to complete a SLED background check and TB test prior to volunteering. The cost is \$36.00 (\$16.00 background checks and \$20.00 TB test.) We ask that our volunteers make a donation to Collins Home for \$25.00; this helps us with our costs and gives you a tax deduction.

Examples of volunteer needs: Tutoring, mentoring, etc. (See attached sign-up form for more details)

(2) Development and Administration

Examples of volunteer needs: Office Assistance, Mail-outs, Grounds & Maintenance, etc. (See attached sign-up form for more details)

Please feel free to discuss any needs, concerns, ideas or interests. We hope your experience at Collins Home will be a beneficial and rewarding one.

Sincerely,

Programs & Childcare

Tina Justice
Case Manager
864-882-0893
tjustice@collinschildrenshome.org

Development and Administration

Alena Pelfrey
Executive Director
864-882-0893
apelfrey@collinschildrenshome.org



Founders:
Joe and
Anne Rackley

PO Box 745
Seneca, SC
29679-0745

Phone
864-882-0893

Fax
864-882-0452

Rescuing Children and Families in Crisis

Collins Home and Family Ministries

Volunteer Application

Name: _____ Address: _____

Home Phone #: _____ Cell Phone : _____

Email Address: _____

| Personal Data |
|------------------------|
| Church Affiliation : |
| Employer: |
| Date of Birth : |
| Spouse's Name: |
| Days & Times Available |
| |
| |
| |
| |

Thank you for your interest in working with our children. We are striving to maintain the most efficient and successful volunteer program possible. Your honesty and cooperation will make the difference. Personal information is valuable in assuring the well being and safety of the children. Thank you for understanding the necessity of requiring this personal information and for your patience. The following questions are a necessary part of our evaluation.

1. Have you ever had a nervous disorder? _____
2. Have you ever been convicted of a crime? _____
3. Have you ever been involved in any case concerning child abuse of any form? _____
4. Have you ever been dismissed from volunteer service at another organization? _____

I understand that a background check may be necessary. I agree that the above information may be provided to the appropriate law enforcement agency as necessary for such check.

Signature: _____ Date: _____

COLLINS HOME

Family Ministries

Volunteer Opportunities

Yes, I am interested in Volunteering to assist as/with:

- Mentor(*) take fishing/to sport outing/park, other: _____
- Tutor (*) any subject (Subject): _____
- Grounds Maintenance (any time available)
- Playground Maintenance(1-2x/yr)
- Carpenter
- Electrician
- Painter
- Spring/Fall Cleaning Assistants
- Cook a meal for a Home (any time)
- Basic Repairs
- Plumber
- Office Assistance
- Network Repair/computer maintenance
- Website design and upkeep
- Serve on Committee/s
- Other: (specify): _____
- (*) All Volunteers directly involved with children will have to complete SLED background check and TB test prior to volunteering.

Please list any Hobbies you have or would like to teach the children below:

Confidential Information Agreement

I, _____, understand that any and all information given to me pertaining to the Collins Home and Family Ministries and any resident therein must be kept strictly confidential. Any information released to me, such as family histories, admissions, initial assessments, treatment plans, progress notes, and discharge summaries, will be given for the purpose of continuity of care and collaboration of agencies to best serve children and their families.

I understand that this agreement is signed voluntarily. Any information shall not be released without written consent, except as mandated by State and Federal law. In the event that information is released to unauthorized persons, the undersigned hereby releases Collins Home and Family Ministries from any and all liability for such unauthorized release of information. I understand that, except to the extent that action has been taken which was based on consent, this consent may be withdrawn at any time.

Signature

Date

Signature of witness

Date

Signature of Executive Director

Date

PERSONAL REFERENCE CONTACT

Please mail to:

Tina Justice
Collins Home & Family Ministries
P. O. Box 745
Seneca, SC 29679

Reference given by:

_____ has listed you as a personal reference on his/her application to serve as a volunteer at Collins Home & Family Ministries. If you would be so kind as to answer each question as objectively as possible, we will use the utmost discretion with the confidentiality of your reply.

1. How long have you known this person? _____

2. In what capacity? _____

3. Have you seen this person with children and/or teens in this capacity? _____

If yes, please describe: _____

4. Does this person work well with or around children? _____

5. Would you use this person as a volunteer? _____ Why or why not? _____

6. Do you know of any reason why this person should not work with children? _____

If yes, please explain _____

7. Other remarks: _____

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If yes, please explain _____

7. Other remarks: _____

South Carolina Department of Social Services
CONSENT TO RELEASE INFORMATION

With my signature below, I consent for the South Carolina Department of Social Services to conduct a one-time search of the records indicated below to determine whether they contain information that I was the perpetrator of harm to a child and to release information found to the individual/organization named below.

I understand that the information provided may prove to be unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with release of information requested on this form. If it appears to me that the information has not been updated or is otherwise inaccurate, I agree to notify the Department immediately.

SECTION I. Purpose for Request

- A. I am requesting a search of the Central Registry of Child Abuse and Neglect and the Department's database of records of Child Abuse and Neglect cases in connection with:
- becoming or remaining a foster parent or potential adoptive parent; or
 - becoming or remaining an employee of or a member of the state or a local foster care review board; or
 - becoming an employee or volunteer for the South Carolina Guardian ad Litem Program or Richland County CASA.
- B. I am requesting a search ONLY of the Central Registry of Child Abuse and Neglect for a purpose of Volunteer.

SECTION II. Mail Results To:

Collins Home & Family ministries ATTN: Tina Justice
P.O. Box 745 TEL. NO: 864-882-6893
Seneca, SC 29679

SECTION III. Central Registry Check Fees: Please appropriate box and include payment. Check or Money Order (NO CASH).

- | | |
|--|--|
| <input checked="" type="checkbox"/> Non-Profit Entities.....\$8.00 | <input type="checkbox"/> Name Changes.....\$8.00 |
| <input type="checkbox"/> For-Profit Entities.....\$25.00 | <input type="checkbox"/> Other (Individuals, etc.).....\$8.00 |
| <input type="checkbox"/> State Agencies.....\$8.00 | <input type="checkbox"/> Private Adoption Investigations.....\$25.00 |
| <input type="checkbox"/> Schools.....\$8.00 | |

SECTION IV. Please print legibly or type the following: First, Middle and Last Name (NO INITIALS)

Name: _____ DOB: _____ Sex: _____ Race: _____
Maiden/Aliases: _____ Name Change: _____
Place of Birth: _____ SSN: (See instructions) _____
Current Address: _____ Previous Address: (See instructions) _____

SECTION V. Your signature MUST be witnessed or notarized. Please mail appropriate payment and form for processing to: South Carolina Dept. of Social Services, ATTN: Cashier, 1535 Confederate Avenue, P.O. Box 1520, Columbia, SC 29202-1520.

Signature of Applicant Date

Signature of Notary or Witness Date

SECTION VI. RESULTS: THIS SECTION IS TO BE COMPLETED ONLY BY AUTHORIZED DSS EMPLOYEES OF THE DEPARTMENT.

- The name is not included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- The request has been received. Additional research will be required to respond to the request. Thirty to sixty days may be required. Please call _____ if you have any questions.
- The name is included as a perpetrator on the Central Registry of Child Abuse and Neglect.
- The name is included as a perpetrator in the Department's database of records of child abuse and neglect cases. See attached correspondence.

Authorized DSS Employee Date