

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
Division of Inmate Services

**VOLUNTEER SERVICES AGREEMENT**

As a Registered Volunteer, you are responsible for notifying the affected staff member within one (1) working day of any arrests other than minor traffic violations.

Registered Volunteers are responsible for understanding and following all South Carolina Department of Corrections (SCDC) policies and procedures. There are certain policies and procedures that directly affect the safety, security, and health of the facility, the inmates, the volunteers, the staff, and others. These policies and procedures are addressed during orientation:

- Prison Rape Elimination Procedures (PREA)
- Contraband Control
- Drug-Free Workplace Program
- Employee Conduct
- Employee and Service Provider Identification Cards
- Employee-Inmate Relations
- Inmate Visitation
- Occupational Exposure to Tuberculosis
- Staff Sexual Misconduct with Inmates
- Taking of Hostages by Inmates
- Searches of Employees, Volunteers, and Vendors

There are three (3) policies that affect the good relationships that volunteers have with the SCDC. These policies are:

- Employee and Inmate Relations with News Media, Legislators and Others
- Inmate Religion
- Volunteer Services Programs

At a minimum, all Registered Volunteers should be familiar with these policies/procedures. Before signing this agreement, you should have read these policies/procedures and agree to abide by any guidelines that affect your service.

I agree and understand that the Prison Rape Elimination Act (PREA) is a federal law that prohibits and seeks to eliminate sexual assaults and sexual misconduct in SCDC correctional institutions. Further that SCDC has a zero tolerance for sexual assault or abuse of any person or sexual relationships between staff, volunteers, and offenders. I have also been informed of how to report such incidents.

**CONFIDENTIALITY PLEDGE**

As a Registered Volunteer, I may learn personal and confidential information about inmates in the SCDC. I agree that any such information will not be disclosed without the written consent of both the involved inmate and the affected staff member. I understand that a violation of this pledge will result in my removal as a volunteer.

**RELEASE OF LIABILITY**

I release the SCDC, its agents, and employees from any liability from my request to participate in this volunteer activity. I make this request on my own without coercion or encouragement from any employee of the SCDC.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (SCDC Official) Signature/Date

\_\_\_\_\_  
Institution