

Visitor's Guide
For Worship at
St. Dysmas Lutheran Church
South Dakota State Penitentiary (SDSP)
1600 North Drive, Sioux Falls, SD
605-338-1735

PLEASE BE IN PRISON LOBBY A FEW MINUTES BEFORE 6:00PM
WITH YOUR DRIVERS LICENSE OR GOVERNMENT ISSUED PICTURE ID.

The name on your DOC Access form must appear exactly as it does on your driver's license

- **Your visit to a St. Dysmas** is important to the men. They greatly appreciate your attendance! It is a way for them to maintain contact with the outside world, worship with fellow Christians and realize they have not been forgotten. And, it is a way for Christians to fulfill the directives of our Lord in Matthew 25 and Hebrews 13 to visit those in prison.
- **A maximum of 25 visitors** are allowed to worship with St. Dysmas each Thursday within the walls of the SDSP in Sioux Falls. Visitors are considered volunteers and are **REQUIRED** to complete:
 1. A DOC Access Approval Form
 2. A Release and Waiver of Liability form.
- **Visitors** must be at least **18 years** of age.
- **Completed forms** must be returned to the St. Dysmas office two weeks and two days prior to the visit. The forms can be:
 1. Scanned and emailed to: info@stdysmas.com
 2. Faxed to: 605-336-8660
 3. Mailed to St. Dysmas Lutheran Church, 1300 E 10th St., Sioux Falls, SD 57103.
- **Visitors** must be in the prison lobby **before 6:00 p.m.** with a picture ID (Driver's license or Governments issued ID). No one is allowed inside without picture identification.
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- **Pat-down searches are now required for all visitors. They will be done by someone of the same gender. This is a new policy as of September, 2015.** Please read all these guidelines carefully. There are a few changes but the biggest change is that the guidelines are now rigorously enforced.
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- Please be quiet in the sally port. If the officer needs to say something it is difficult to talk over others through the glass.
- **Items for special music or presentations** must be approved in advance. Please send a list of any equipment, props or items to be used to the St. Dysmas office with the completed visitor access forms.
- **Except for approved items** (above), visitors cannot bring anything in to an inmate or staff person. Nor can anything can be taken out for them. Such action by a visitor/volunteer will severely jeopardize the St. Dysmas Ministry.
- Pockets must be emptied of keys, wallets, pens, knives, cell phones, candy/cough drops/gum. **Any meds you MUST have with you must be pre-approved.**

- **Items not allowed to be taken into prison:** No gum, food, cameras, purses, coats, pocket knives, tobacco products, **watches**, cell phones, beepers, or any other type of wireless or electronic devices, (even if turned off or set to vibrate). They can be left in the car, prison coat room or checked into a locker in the lobby (cost is 25¢).
- **Dress code** for prison visits is conservative. Clothing **NOT ALLOWED:** Hats or any headwear (including bandanas), hooded sweatshirts, open toed shoes, flip flops, tops of the following nature - tank, spaghetti strap, midriff, tube, shoulder-less, back-less, halter, or low cut. Revealing shorts, stretch or **Yoga pants**, tight jeans, dresses shorter than mid thigh, low-rise pants which allow skin or undergarments to be seen may be deemed inappropriate by staff.
- **Visitors** should sit among the men in small groups of two to three people.
- **A handshake** is the only allowed physical contact between a visitor and inmate.
- **DO NOT:** ask inmates why they are incarcerated, ask for, or accept, an inmate's mailing address, offer help or promise favors, **give out your personal information** such as your full name, address or phone numbers to inmates. There are proper channels for inmates and families if they need help.
- **A restroom** is available at the bottom of the stairs in the prison lobby
- **Visitors are invited** to join the pastor and former inmates following the service for supper, conversation, and a time of fellowship at the **Fryn' Pan, 2708 E 10th St., Sioux Falls.** Each person pays their own expense. This time provides a chance to visit about your prison experience and an opportunity to ask questions about prison life and learn more about the St. Dysmas ministry. If you plan on joining us at the Fryn' Pan, please check yes below so we can tell them how many to expect.
- **Your visit** to worship with St. Dysmas Congregation is important to the men & they greatly appreciate your attendance!
- **Please read, sign, and submit this page of WITH YOUR ACCESS & WAIVER FORMS.**
- Questions? Call St. Dysmas office at (605)338-1735 or Pastor Bob Chell's cell phone at (605)690-7870

Yes I plan to go to the Fryn' Pan _____

_____ Print Your Name Here

Occasionally we have churches or individuals not able to attend. In an effort to utilize the privilege to fill the service with 25 guests may we email or call you when there are openings should you want to join us again? If so, mark yes and please provide your email. Thank You!!

_____ Yes, please notify me of any additional openings so that I may attend again.

My email address is: _____

My preferred phone number: _____

South Dakota Department of Corrections (SDDOC)
Personal Information for Security Check

As part of maintaining a safe and secure environment, the SDDOC may conduct security checks prior to and periodically throughout an individual's employment or affiliation with the SDDOC. A conviction does not automatically bar an individual from entering a facility or from employment. Each case will be considered individually. **All information on this document is required.** If you omit any information from this form, you may be disqualified from entrance to a facility or employment. **PLEASE READ FULLY AND PRINT LEGIBLY IN INK.**

Please check the appropriate reason for requesting entrance into a facility:

- Employment _____ (list position, title and facility) PREA
- Contractor Volunteer Intern Clergy Other: _____ (Please specify)

PRINT NAME Date of Birth Social Security Number
(Last, First, Middle Initial) Month/Day/Year

Other Names Used (e.g. aliases, former names, etc.)

Driver's License Number /State State ID Number Expiration Date
If no driver's license, please enter your state ID.

Place of Birth (City, State or Country) Sex Race Height ' " lbs. Weight Eyes Hair

List all previous states or countries of residence: _____

Please provide your current address:

Street Address City State Zip

Please provide your current phone number(s) and e-mail address:

Home: () _____

Cell: () _____

Other: () _____

E-mail address: _____

1. Are you currently on or have you ever been on an inmate phone list? Yes No If yes, please provide name(s) and relationships: _____
2. Are you currently on or have you ever been on an inmate visitor list? Yes No If yes, please provide name(s) and relationship(s): _____

3. Have you ever engaged in sexual abuse in prison, jail, lockup, community confinement facility (a locked facility, part or all of the day), juvenile facility, or other institution? Yes No If yes, please provide an explanation: _____
4. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No If yes, please provide an explanation: _____
5. Have you ever been civilly or administratively adjudicated to have engaged in the activity described in question 1 or 2? Yes No If yes, please provide an explanation: _____
6. Have you ever had any substantiated allegations of sexual harassment made against you in a prison, jail, lockup, community confinement facility or other institution? Yes No If yes, please provide an explanation: _____
7. Have you ever had any substantiated allegations of sexual harassment made against you in the community? Yes No If yes, please provide an explanation: _____
8. Are you currently or have you ever been affiliated with a gang/security threat group? Yes No If yes, please provide an explanation: _____
9. Are you or have you ever been the subject of a protection order? Yes No If you, please provide an explanation: _____
10. Have you ever been convicted of a crime involving the use or attempted use of force or a weapon against a current or former spouse, child, person for who you were or are a guardian, person with whom you share a child, live-in girlfriend or boyfriend, or a person similarly situated to a spouse, child or person for whom you were or are the guardian? This includes disorderly conduct, stalking, harassment, or similar charge. Yes No If yes, please provide an explanation: _____

I hereby certify that all information I have entered on this form is accurate and complete. I understand and agree that the SDDOC may use information on this form to conduct security checks prior to and periodically throughout my employment or affiliation with the SDDOC. I understand that failure to disclose or fully disclose the requested information may be grounds for disqualification of my application or termination of my employment.

Signature

Date

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK
AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL
TREATMENT

By my signature below, I acknowledge that I am aware of, appreciate the character of and voluntarily assume the risks involved in participating in work, a religious activity, a cultural activity, a tour or some other activity that requires admission inside the security perimeter of each or all the following:

the South Dakota State Penitentiary or Jameson Prison Annex, Sioux Falls, South Dakota; Mike Durfee State Prison, Springfield, South Dakota; South Dakota Women's Prison, Pierre, South Dakota; or any and all subsidiary facilities or operations of the South Dakota Department of Corrections.

By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota, its officers, employees, and agents for any liability for injuries to my person or property resulting from my participation in the activity listed above;
2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from my participation in the activity listed above; and
3. Consent to receive any medical treatment deemed advisable during my participation in the activity listed above.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF THE RISK AND INDEMNITY AGREEMENT AND CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Name: _____ Date of Birth: _____

Signature: _____

Address: _____

Date: _____