

Background Check Authorization

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

Last Name First Name MI Social Security Number

Maiden /Alias Names:

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

I hereby authorize the South Dakota Department of Corrections, or its designated agents and representatives to obtain and review my criminal background. I certify that the information given by me is true, complete and correct, to the best of my knowledge and belief and made in good faith.

The DOC and its designated agents or representatives shall maintain all information received from this authorization in a confidential manner in order to protect the my personal information, including, but not limited to, addresses, social security numbers and dates of birth.

Signature of Applicant Date Staff Signature Date

Printed Name Printed Name

| | | | |
|--|------------------------------|----------------------------------|------|
| FOR OFFICE USE ONLY: Background Check Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Printouts) | | | |
| Special Security/Major Signature | Date | Deputy Warden/Designee Signature | Date |
| Approved: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

DOC RELEASE AND WAIVER OF LIABILITY

By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks associated with being on DOC property, or participating in DOC activities within the following facilities:

South Dakota State Penitentiary, Jameson Prison Annex, Mike Durfee State Prison, Yankton Community Work Center, Rapid City Community Work Center, South Dakota Women's Prison or Pierre Community Work Center

I understand that risks associated with such entry and/or participation in DOC activities include, but are not limited to, bodily injury, property loss or damage and death.

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 such entry and/or participation in DOC activities;

2. Agree to indemnify and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, demands, expenses, judgments, fees and costs of whatever kind or character arising from, by reason of, or in connection with my entry to a DOC facility or participation in DOC activities.

I have carefully read this RELEASE AND INDEMNITY AGREEMENT, or had it read to me in a language I fully understand, and I understand all of the terms. I understand I have given up substantial rights by signing this agreement and that 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 me due to accidents, mishaps, misconduct, negligence or injuries. My signature below has been made freely and voluntarily without any inducement, assurance or guarantee being made.

Name:

Date of Birth:

Signature:

Address:

Date:

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: _____
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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: _____
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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: _____
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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: _____
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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: _____
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8. Are you currently or have you ever been affiliated with a gang/security threat group? Yes No If yes, please provide an explanation: _____
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9. Are you or have you ever been the subject of a protection order? Yes No If you, please provide an explanation: _____
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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: _____
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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

Working with inmates is not an easy task and DOC appreciates your time and effort. Following the rules will help you maintain respect and establish positive interactions. The following guidelines will help provide a positive experience when working with the inmates:

Volunteers are expected to demonstrate professionalism and integrity while interacting with inmates.

The following is not allowed:

- Hugging
- Kissing
- Physical contact with inmates other than a handshake.
- Being alone with an inmate.
- Sexual contact with an inmate is expressly forbidden.
- Sexual harassment and/or discrimination is expressly forbidden.

Do:

- Be friendly but avoid familiarity
- Always be professional and maintain boundaries.
- Offer encouragement

Inmate manipulation:

Inmate manipulations may be expressed through a variety of ways. Some examples are:

- Bringing in contraband
- Taking something out
- Passing messages
- Becoming personally involved

Never be shy about saying “NO” to a request you are uncertain of, or you know is clearly against the rules.

Always keep in mind that even though the request may seem insignificant, the outcomes could generate safety concerns for you, staff or the inmates.

When in doubt, inform the inmate you will check with staff regarding the request.

Always ask for guidance and approval from the appropriate staff prior to making any commitment to the inmates.

Your volunteer service is to provide encouragement to those in prison who appreciate the positive influence of others from the community and not vice versa.

Any volunteer who believes they are the object of an inmate’s attempt to form a relationship beyond the professional level must report the information to the chaplain and/or security staff immediately.

I have read and understand the guidelines set above.

Name: _____ Date: _____

Signature: _____

Guidelines for Worship
St. Dysmas Lutheran Church
South Dakota State Penitentiary (SDSP)
1600 North Drive, Sioux Falls, SD
St. Dysmas office: 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

- Masks will be mandatory for everyone. Anyone from the outside coming in will be required to do the temp screen before they are allowed inside.
- **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.
- Pat-down searches are now required for all visitors. They will be done by someone of the same gender.
- Please be quiet in the sally port. If the officer needs to say something it is difficult to talk over others through the glass.
- 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
- **Your visit** to worship with St. Dysmas Congregation is important to the men & they greatly appreciate your attendance!
- Questions? Call St. Dysmas office at (605)338-1735 or Pastor Wayne Gallipo's cell phone at (605)214-6828

St. Dysmas Worship Service Visitor Approval Guide

Please read, complete, and submit this page of with your access forms

A **maximum of 23 visitors** are allowed to worship with St. Dysmas each Thursday within the walls of the SDSP in Sioux Falls. Visitors must be 18 years of age. Visitors are considered volunteers and are **REQUIRED** to complete:

1. A DOC Access Approval Form
2. A Release and Waiver of Liability form
3. Volunteer Agreement
4. Please Read the Guidelines for Worship

Each form must be filled out **completely** and **correctly** or you will not be approved to join worship. **Completed forms** must be returned to the St. Dysmas office two weeks prior to the visit. The forms can be:

1. Scanned and emailed to: Susan@stdysmas.com
2. Mailed to St. Dysmas Lutheran Church, 1300 E 10th St., Sioux Falls, SD 57103

Items for special music or presentations must be approved in advance. Please contact the St. Dysmas office for more information.

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 mark yes. ____ Yes**

Your visit to worship with St. Dysmas Congregation is important to the men and they greatly appreciate your attendance!

Church/Group attending worship with _____

Name _____ Phone Number _____

Address _____

Email _____ Preferred contact ____ Phone ____ Email

Occasionally we have churches or individuals not able to attend. In an effort to utilize the privilege to fill the service with 23 guests may we email or call you when there are openings should you want to join us again? **If so, mark yes. ____ Yes**

*****Please read the **Guidelines for Worship** and initial confirming you have read and understand the **Guidelines for Worship** _____

Questions? Call St. Dysmas office at (605)338-1735, Pastor Wayne Gallipo's cell phone at (605)214-6828, or email Susan@stdysmas.com