

## 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](mailto: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 10<sup>th</sup> 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](mailto:Susan@stdysmas.com)

### 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

<b>FOR OFFICE USE ONLY:</b> 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:

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. Dymas Lutheran Church**  
**South Dakota State Penitentiary (SDSP)**  
**1600 North Drive, Sioux Falls, SD**  
**St. Dymas 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. Dymas** 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. Dymas Congregation is important to the men & they greatly appreciate your attendance!
- Questions? Call St. Dymas office at (605)338-1735 or Pastor Wayne Gallipo's cell phone at (605)214-6828