

# Welcome

Thank you for your interest in the Volunteer/Internship Program with the South Carolina Department of Probation, Parole and Pardon Services. The Department is one of South Carolina's finest law enforcement agencies and we are the third largest law enforcement agency in the state.

This packet will provide you with helpful information on what is required to become a volunteer or intern with the South Carolina Department of Probation, Parole and Pardon Services. We consider our staff to be our greatest asset which is reflected in our core values and mission.



*Visit us on the website:* <https://www.ppp.sc.gov/>

## **Mission Statement:**

**Prepare** offender under our supervision toward becoming productive members of the community

**Provide** assistance to victims of crimes, the courts, and the Parole Board; and to;

**Protect** public trust and safety

## **Department's Vision:**

Our vision is to be recognized nationally as a catalyst for positive change in the lives of the offenders, a force for public safety, and a leader in victim services and a responsible steward of public funds.

## **Department's Values:**

- Honesty and Integrity
- Dignity and Respect
- Diversity and Equal Opportunity
- Openness and Teamwork
- Innovation and Performance Excellence
- Accountability

**Our Motto: Prepare. Provide. Protect.**

We consider our interns and volunteers to be a valuable asset to our organization. As a volunteer/intern, you will have interaction with people from all walks of life both as your mentors and those to whom you will provide services. It is our expectation that you will interact with those you meet in a professional and ethical manner at all time; whether you are in the office setting, court room or in any other supporting role. You will be held accountable for executing the Department's mission and adhering to our core values which ultimately guide the services we provide.

Our goal is to identify individuals that possess our Department values and ultimately select individuals that are the right fit for the Department. In considering the participants for our internship, we attempt to match the skills, abilities and other interests of the applicant with our various divisions and offices across the state of South Carolina.

The following information is being provided to assist you in successfully preparing your application and supporting materials for the Volunteer/Internship Program with the South Carolina Department of Probation, Parole and Pardon Services.

#### **Required Documentation:**

- Internship Application (completed in its entirety)
- Information and Agreement Acknowledgement
- Three References (non-family member)
- Letter of Interest-
  - Why have you selected SCDPPPS as your preferred Agency?
  - What are your career aspirations?
  - What other areas of interest have prepared you for this experience?
  - What do you expect to gain from this experience?
  - Provide the name of your college or university and course of study.
- Copy of Driver's License
- Employee Non-Disclosure Agreement and Authorization of State Criminal Records Check

#### **Additional Information:**

- Acceptance into the program is not a promise of employment
- This is an un-paid position and all participation is voluntary
- You will be required to submit to background investigation
- You may be drug tested
- Any information provided in your application or thereafter deemed to be untruthful may be grounds for dismissal from the program.



Preferred County: \_\_\_\_\_

**South Carolina Department of Probation, Parole & Pardon Services**Application For:  Volunteer  Intern  Shadowing

START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

Last Name	First	Middle	Date of Birth		
Address	Street	City	State Zip Code	Phone	
Social Security Number (Last 4 digits only) XXX - XX -	E-mail Address			Race	Sex

**Education**

Current Level	Will you receive school credit for work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes indicate school name, address and a contact person		
	School Name	Address	Contact Person

**Employment**

Current Employer's Name	Address
Supervisor's Name	Phone
Have you ever been dismissed from any organization as a volunteer or Intern? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Explain:	

**References***Please attach Volunteer/Intern Support Reference Sheet (3 References Required)*

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

**Experience**

If you have volunteered or interned before, please list the organizations and responsibilities:


**Availability**

[Please indicate the times that you can work]

Monday	Tuesday	Wednesday	Thursday	Friday

**Work Area**Which area would you prefer?  Administration Services  Offender Services  Support Services**Referral**

How did you hear about the Program?

**Criminal History**Have you ever been arrested or convicted of a criminal offense?  Yes  No If yes, explain.**Emergency**

In case of an emergency, please contact:

Name	Address	Phone	Relationship

**Agreement**

I understand that a Criminal Justice Check will be conducted by the South Carolina Department of Probation, Parole and Pardon Services via the South Carolina Law Enforcement Division (SLED) Records.

Applicant Signature	Date



**Criminal Justice Agency Employee Non-Disclosure Agreement  
and Authorization for State and National Criminal Records Check**

**Local Agency Information**

\*Employing Local Agency:

SC DEPARTMENT OF PROBATION, PAROLE, AND PARDON SERVICES

\*TAC Name (Print):

AMANDA COOPER

\*Corresponding 9-digit ORI(s) employee will operate under:

ATAC

\*Email Address:

AMANDA.COOPER@PPP.SC.GOV

\*Phone Number:

803-734-5887

**Agency Employee Information**

\*Employee's First Name (Print):

\*Middle Name:

\*Last Name:

Suffix (Jr., Sr., I, II, III, etc.):

\*Social Security Number:

\*Date of Birth:

\*Email Address:

\*Employee's Position:

\*Sworn / Non-Sworn:

Sworn Position

Non-Sworn Position

\*Intended Certification/Training Level:

NCIC Certification – nexTEST

Choose item.

Security Awareness Training – CJIS Online

Choose item.

\*Reason for Employee's Access; for what purpose, and to what extent, will access be granted?

**CJIS Security & Privacy**

**I certify, under penalty of perjury, that I am the above referenced individual, and I hereby voluntarily agree and acknowledge that:**

1. I will not violate the confidentiality of any record, data, or CJI that I have access to or come across in connection with my work for Local Agency. I will not use any information for any purpose other than that for which I am authorized.
2. During the course of my association with Local Agency, I may be made aware of certain confidential workings and proprietary data belonging to SLED and/or the FBI (including, but not limited to: methods, processes, formulae, systems, techniques, computer programs, strategic plans, systems designs, reports, manuals, employee contact lists, source codes, or other proprietary data); and I will not disclose or use any confidential information or proprietary data of SLED and/or the FBI in violation of this agreement, even after the completion of my association with Local Agency.
3. Upon the termination of my relationship with Local Agency, I will return any and all confidential workings and proprietary data belonging to SLED and/or the FBI (including, but not limited to: methods, processes, formulae, systems, techniques, computer programs, strategic plans, systems designs, reports, manuals, employee contact lists, source codes, or other proprietary data). I further agree that I shall not retain copies, notes, or abstracts of the aforementioned materials, items, or documents.
4. I hereby certify that I am familiar, or will become familiar, with the contents of 1. the NCIC Operating Manual; 2. the most current version of the CJIS Security Policy; and 3. Title 28, Code of Federal Regulations, Part 20, and agree to be bound to their provisions. I understand that this information will be covered in bi-annual security and awareness training, which I will be expected to maintain for the duration of my access to CJI.
5. I recognize that CJI and related data, by its very nature, is sensitive and has potential for great harm if misused. I acknowledge that access to CJI and related data is therefore limited to the purpose(s) for which I have been authorized. I understand that any misuse of CJI or of my access to CJI in any capacity (to include, but is not to be limited to: accessing it without authorization; accessing it by exceeding authorization; accessing it for an improper purpose; using or disseminating information received for another purpose other than the execution of my authorized purpose) may result in adverse employment action, civil and/or criminal penalties. I acknowledge that SLED has the right to prohibit further access to CJI for any misuse of any kind.

By signing this waiver, I certify that all personal information provided herein is accurate. I hereby freely and voluntarily authorize SLED to conduct a fingerprint-based background check for state criminal history information and to retain and store my fingerprints for further use in identification of persons and for notification to the department regarding any current or future civil and criminal information while I maintain access to CJI through my relationship with Local Agency. By signing this form, I also declare under penalty of perjury that the foregoing is true and correct.

Employee Signature:

Date:

TAC/ATAC Signature:

Date:

**For SLED Use Only:**

Reviewed by SLED NCIC  
 Eligible for CJI Access

Approved for Initial Processing:

Name (Print)

Date

Initial

**South Carolina Department of Probation, Parole and Pardon Services**  
**Volunteer/Intern Services Program Information and Agreements**

**Confidentiality Agreement**

I understand that I am required to maintain confidentiality concerning my duties performed with the South Carolina Department of Probation, Parole and Pardon Services. As a participant in the Volunteer and Intern Services Program with the South Carolina Department of Probation, Parole and Pardon Services all volunteers/interns are required to complete the SLED CJIS Security Awareness Training. In addition, all participants must complete the Employee Non-Disclosure Agreement and Authorization of State and National Criminal Records Check.

As a volunteer/intern you will have access to both electronic and written information. You may also be authorized to use computer information terminals. These terminals shall be used for the purposes of obtaining information necessary to perform duties pertinent to your job description, and in compliance with the Policies and Procedures of the Department. Any misuse of computer terminals, or the information received, (i.e. using the terminals for personal reasons, or supplying information to unauthorized persons), may result in dismissal from the Department.

After reading the above agreement, I understand and agree to protect the confidentiality of electronic and written information and comply with the laws, regulations and policies controlling the use of information.

Initials

**Placement Agreement**

The following conditions shall be adhered to by all volunteers/interns for the period of their affiliation with the S. C. Department of Probation, Parole and Pardon Services:

Volunteers/Interns will learn the mission of the Department and the Volunteers/Interns Services Program and will conduct himself/herself and carry out his/her assigned job tasks in a manner which is conducive to the promotion of those missions.

Volunteers/Interns are expected to review the Volunteer/Intern Training/Orientation Handbook and all relevant policies outlined in the Department's Policy and Procedure Manual, as listed below, and to adhere to all rules and regulations governing S. C. Department of Probation, Parole and Pardon Services (SCDPPPS) employees.

Policies: 124, 1200, 1402, 1404, 1405

Volunteers/Interns are exempt from certain privileges granted to permanent state employees, to include:

A) Hours of Work B) Rate of Compensation C) Leave Time D) Employee Benefits E) Grievance Rights

Volunteers/Interns are to maintain strict confidentiality of SCDPPPS records, offenders, employees, and other information at all times. Volunteers/Interns will maintain a professional image at all times during the performance of their job duties.

Volunteers/Interns are expected to respect the professional status of SCDPPPS personnel, and are to refrain from excessive fraternization with SCDPPPS Personnel.

Volunteers/Interns are expected to maintain established work hours unless permission to alter is granted by the immediate supervisor/program coordinator. Volunteers/Interns will provide sufficient notification to their immediate supervisor of any schedule changes or problems.

Volunteers/Interns are expected to properly maintain time sheets and submit them to their immediate supervisor by the first of each month. Volunteers/Interns are expected to complete all assignments and tasks promptly and as requested.

Volunteers/Interns are to immediately notify their supervisor upon completion of assigned tasks so that new tasks can be assigned. Volunteers/Interns will be assigned to an immediate supervisor and will receive assignments from this supervisor or a program coordinator.

Volunteers/Interns assigned to a specific work area are expected to properly maintain the area, and are expected to restrict their activities to those work areas which are applicable to their current duties.

Volunteers/Interns are subject to disciplinary or withdrawal procedures when policy or rule infractions occur. The involuntary withdrawal of a volunteer/intern may occur without oral or written explanation, and is not grievable with the SCDPPPS.

Volunteers/Interns will attend and complete the Training/Orientation Program. On-the-Job Training and In-Service Training will be completed at the discretion of the immediate supervisor, a program coordinator, or the Volunteer/Intern Services Program Coordinator.

Volunteers/Interns will receive a performance evaluation(s) during their affiliation with the SCDPPPS. Satisfactory performance may result in the retainment of a volunteer/intern; however, unsatisfactory performance may result in the dismissal of the volunteer/intern.

Volunteers/Interns will participate in an exit interview prior to the completion of their service with the SCDPPPS.

Initials

## South Carolina Department of Probation, Parole and Pardon Services

### Volunteer/Intern Services Program Information and Agreements

#### Hold Harmless Agreement

As a condition of participating in the South Carolina Department of Probation, Parole and Pardon Services (SCDPPPS) Volunteers/Intern Services Program, I, the undersigned, hereby waive any and all claims and demands and agree to hold SCDPPPS, and its' employees harmless from any and all claims and demands which I may in the future have for any injury to my person or my property resulting from my participation in the South Carolina Department of Probation, Parole and Pardon Services Volunteer/Intern Services Program.

IN WITNESS WHEREOF I have voluntarily entered into this Hold Harmless Agreement.

Initials

#### Auto Insurance Statement

As a participant of the South Carolina Department of Probation, Parole and Pardon Services (SCDPPPS) Volunteer/Intern Services Program, I understand that I will be responsible for providing my own transportation to and from work and during the execution of my position responsibilities. I understand that the SCDPPPS does not, in any manner, provide any type of automobile insurance coverage for the Volunteer/Intern Services Program, its' volunteers, or its' offenders.

This is to further state that I have been advised by the SCDPPPS that volunteers/interns are expected to abide by all S. C. State Laws regarding Automobile Insurance, Driver Licensing, Vehicle Maintenance, and Vehicle Operation. I understand that all volunteers/interns, authorized by the SCDPPPS to provide offender transportation, are expected to maintain, at least, the minimum Automobile Insurance coverage required by S. C. State Law. I have been advised by the SCDPPPS to notify my Automobile Insurance carrier of my participation in the Volunteer/Intern Services Program.

Initials

#### Agreement Signature

Intern's Signature:

Date:

I have read and fully understand the contents of these policies and each agreement contained therein and agree to adhere to each of them as a condition of my affiliation with the S.C. Department of Probation, Parole and Pardon Services. I have participated in the Training/Orientation program and I understand the purpose of Department's policy and procedures manual and how to utilize it. I also have received a copy of the Volunteer/Intern Services Program manual and have received training on its' contents and use.

Witness's Signature

Date:

**South Carolina Department of Probation, Parole and Pardon Services** Volunteer/Intern  
Support Reference Sheet

Applicant Name \_\_\_\_\_

Reference Name \_\_\_\_\_

(Street, P.O. Box, Apt. #)

(Street, P.O. Box, Apt. #)

(City, State and Zip Code)

(City, State and Zip Code)

Telephone#: \_\_\_\_\_

Telephone#: \_\_\_\_\_

**TO APPLICANT:** All applications and accompanying records become the property of South Carolina Department of Probation, Parole and Pardon Services and are not available to candidates. Many people will not complete a reference unless confidentiality can be assured. I agree for this reference to be kept confidential, and by signing and dating the waiver of access below, I, the undersigned, waive any right to access this reference.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please rate the applicant on the following skills, abilities and knowledge using the following scale:

High  
5 4 3 2 1  
Low

1) Is receptive to input from others and uses information for personal and professional development	7) Ability to think critically to help advance an organization	
2) Possess the ability to work well independently	8) Ability to achieve goals by working effectively with others	
3) Willingness to claim the role of a leader and serves as an example to others	9) Has the courage to ask for assistance and utilize available resources	
4) Possess the ability to motivate others positively	10) Ability to organize and maintain good order	
5) Possess the ability to handle adverse situations and solve problems in a positive manner	11) Knows how to set performance objectives, manage and measure progress	
6) Has the capacity to self-reflect and organize priorities and values	12) Possess the ability to gather facts and communicate findings clearly, both orally and in writing	

How long and in what capacity have you known the applicant? \_\_\_\_\_

What is the applicant's greatest strength? \_\_\_\_\_

In what area(s) would the applicant need additional training/support? (Please support your opinion) \_\_\_\_\_

Please check the statement which best describes your opinion about this applicant for a volunteer/intern support position.

- This applicant is a proven leader in every sense of the word. He/she has initiated or accepted leadership roles and has been successful.
- This applicant has great potential to be a leader. He/she has the training and experiences to make this a reality.
- This applicant has taken relevant course work, but I have not observed him/her in any significant leadership role. I would suggest additional leadership skill building opportunities.
- This applicant has had some leadership opportunities. I would suggest that he/she might need to improve in the area(s) of:
  
- I am aware of past leadership experiences of this applicant and have reservations about him/her pursuing other leadership positions.
- No comment.  Other: \_\_\_\_\_

May we contact you should we have further questions?  Yes  No

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**South Carolina Department of Probation, Parole and Pardon Services**  
Volunteer/Intern Support Reference Sheet

Applicant Name \_\_\_\_\_

Reference Name \_\_\_\_\_

(Street, P.O. Box, Apt. #)

(Street, P.O. Box, Apt. #)

(City, State and Zip Code)

(City, State and Zip Code)

Telephone#: \_\_\_\_\_

Telephone#: \_\_\_\_\_

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please rate the applicant on the following skills, abilities and knowledge using the following scale:

High      Low  
5      4      3      2      1

1) Is receptive to input from others and uses information for personal and professional development	7) Ability to think critically to help advance an organization	
2) Possess the ability to work well independently	8) Ability to achieve goals by working effectively with others	
3) Willingness to claim the role of a leader and serves as an example to others	9) Has the courage to ask for assistance and utilize available resources	
4) Possess the ability to motivate others positively	10) Ability to organize and maintain good order	
5) Possess the ability to handle adverse situations and solve problems in a positive manner	11) Knows how to set performance objectives, manage and measure progress	
6) Has the capacity to self-reflect and organize priorities and values	12) Possess the ability to gather facts and communicate findings clearly, both orally and in writing	

How long and in what capacity have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

What is the applicant's greatest strength? \_\_\_\_\_

\_\_\_\_\_

In what area(s) would the applicant need additional training/support? (Please support your opinion) \_\_\_\_\_

\_\_\_\_\_

Please check the statement which best describes your opinion about this applicant for a volunteer/intern support position.

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This applicant has great potential to be a leader. He/she has the training and experiences to make this a reality.

This applicant has taken relevant course work, but I have not observed him/her in any significant leadership role. I would suggest additional leadership skill building opportunities.

This applicant has had some leadership opportunities. I would suggest that he/she might need to improve in the area(s) of:

I am aware of past leadership experiences of this applicant and have reservations about him/her pursuing other leadership positions.

No comment.

Other: \_\_\_\_\_

May we contact you should we have further questions?  Yes  No

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**South Carolina Department of Probation, Parole and Pardon Services**  
Volunteer/Intern Support Reference Sheet

Applicant Name \_\_\_\_\_

Reference Name \_\_\_\_\_

(Street, P.O. Box, Apt. #)

(Street, P.O. Box, Apt. #)

(City, State and Zip Code)

(City, State and Zip Code)

Telephone#: \_\_\_\_\_

Telephone#: \_\_\_\_\_

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Please rate the applicant on the following skills, abilities and knowledge using the following scale:

High      5      4      3      2      1      Low

1) Is receptive to input from others and uses information for personal and professional development	7) Ability to think critically to help advance an organization	
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3) Willingness to claim the role of a leader and serves as an example to others	9) Has the courage to ask for assistance and utilize available resources	
4) Possess the ability to motivate others positively	10) Ability to organize and maintain good order	
5) Possess the ability to handle adverse situations and solve problems in a positive manner	11) Knows how to set performance objectives, manage and measure progress	
6) Has the capacity to self-reflect and organize priorities and values	12) Possess the ability to gather facts and communicate findings clearly, both orally and in writing	

How long and in what capacity have you known the applicant? \_\_\_\_\_

\_\_\_\_\_

What is the applicant's greatest strength? \_\_\_\_\_

\_\_\_\_\_

In what area(s) would the applicant need additional training/support? (Please support your opinion) \_\_\_\_\_

\_\_\_\_\_

Please check the statement which best describes your opinion about this applicant for a volunteer/intern support position.

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This applicant has great potential to be a leader. He/she has the training and experiences to make this a reality.

This applicant has taken relevant course work, but I have not observed him/her in any significant leadership role. I would suggest additional leadership skill building opportunities.

This applicant has had some leadership opportunities. I would suggest that he/she might need to improve in the area(s) of:

\_\_\_\_\_

I am aware of past leadership experiences of this applicant and have reservations about him/her pursuing other leadership positions.

No comment.

Other: \_\_\_\_\_

May we contact you should we have further questions?  Yes  No

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_