

DOC ACCESS APPROVAL FORM

This form is designated for any SPECIAL EVENT VISIT or VOLUNTEER WORK AGREEMENT

CHECK ONE: M-2 Volunteer Special Event Visitor Clergy Access

_____ Last Name	_____ First Name	_____ MI	_____ Social Security Number
_____ 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	

Previous Names Used (if applicable): _____

Have You Ever Been Convicted of a Felony? Yes No If "yes", please explain below: _____

Do You Know Any Inmates at a South Dakota DOC Facility? Yes No If "yes", please explain: _____

Reason for Volunteering or Special Event Visitation: _____

RELEASE: My signature on this form authorizes the South Dakota Department of Corrections, or its representative(s), to obtain and review my criminal background and any other background information necessary. I certify that the information given is true, correct and complete to the best of my knowledge and belief.

VOLUNTEER WORK AGREEMENT: By my signature on this form I agree to perform the duties and responsibilities of a volunteer/clergy mutually agreed to by myself and the South Dakota Department of Corrections. I understand that my participation or services are voluntary, that I will not be compensated and that volunteer workers are provided worker's compensation coverage. I also understand that (if a volunteer worker) I will be covered by the same terms and conditions applicable to state employees according to the liability coverage program for public entities while performing volunteer activities. This agreement may be canceled at any time by notification of either party.

FACILITIES USE AGREEMENT INDEMNIFICATION/INSURANCE CLAUSE: By my signature on this form I agree to indemnify and hold the State, and its officers, agents and employees harmless from any and all liability, damages, actions, claims, demands, expenses, judgments, fees and costs of whatever kind or character, arising from, by reason of, or in connection with the use of any Department of Corrections' facility/property. 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 the user and those it brings onto the premises due to accidents, mishaps, misconduct, negligence or injuries, either in person or property. I expressly assume full responsibility for any and all damages or injuries which may result to any person or property by reason of or in connection with the use of the facilities pursuant to this agreement, and I agree to pay the State for all damages caused to the facilities resulting from my activities hereunder. My activities, pursuant to this agreement, will be supervised by adequately trained personnel, and I will observe, and cause participants in the activity to observe, all safety rules for the facility and the activity. I acknowledge that if I use a Department of Corrections' facility for a high risk activity I will be required to carry liability insurance in an amount determined by the State and I will be required to show proof of such liability insurance.

I have read the above agreement, understand it, and agree to serve as a volunteer worker, special events participant or clergy at a Department of Corrections' facility.

_____ Signature of Applicant	_____ Date	_____ Staff Signature	_____ Date
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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
Access Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No			

**PHOTO ID IS REQUIRED TO GAIN ACCESS INTO A DOC FACILITY
PLEASE RETURN THIS FORM AT LEAST TWO (2) WEEKS PRIOR TO VISIT/EVENT
PLEASE RETURN THIS FORM TO THE SUPERVISOR REQUESTING ACCESS**