



Kershaw County Detention Center

P.E. Spivey, CJM, Jail Administrator
101 Bramblewood Plantation Rd, Camden, SC 29020
803-425-1516 / Admin Fax 803-424-4047 / Intake Fax 803-424-2531

VOLUNTEER APPLICATION FORM FOR RELIGIOUS SERVICES

DATE: _____

NAME: _____
LAST FIRST M

ADDRESS: _____
STREET CITY STATE ZIP

HOME PHONE: _____ **WORK PHONE:** _____
CELL PHONE: _____ **EXT:** _____

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____

NAME OF ORGANIZATION/CHURCH: _____
Name Phone

ADDRESS (ORGANIZATION/CHURCH): _____
Street
City State Zip

- PLEASE ATTACH:**
- Occupational License (if applicable)
 - Valid State ID or Drivers License
 - Ordination Papers (if applicable)
 - Social Security Card

TYPE OF VOLUNTEER RELIGIOUS SERVICE TO BE PROVIDED (SUNDAY ONLY):
_____ Worship Service _____ Bible Study
_____ Other _____
Please Describe

EMERGENCY CONTACT INFORMATION: _____
Name Phone
Relationship

As a volunteer applicant, I authorize the Kershaw County Detention Center to investigate my past criminal history through a NCIC/SLED check. All volunteer times are assigned by the Kershaw County Detention Center and are subject to change or be cancelled for the safety and security of the facility.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

APPROVED/DISAPPROVED BY: _____ **DATE:** _____
P. E. Spivey, CJM, Jail Administrator