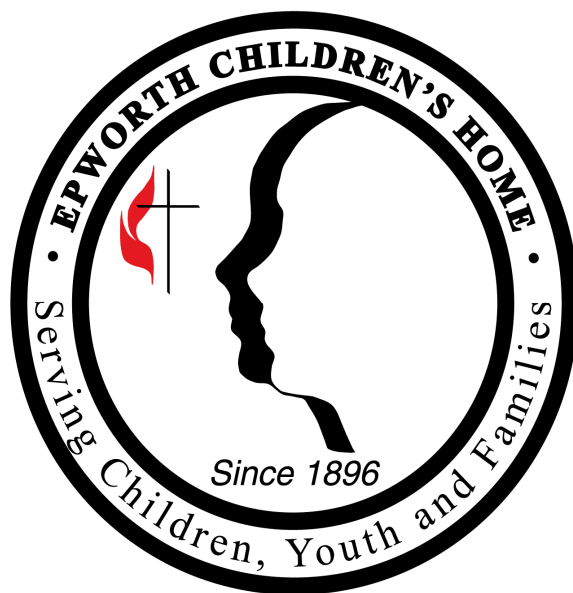


Epworth Children's Home
2900 Millwood Avenue
Columbia, South Carolina

Volunteer Information Packet



MISSION STATEMENT

The Mission of Epworth Children's Home is to serve children, youth and families through a caring, accepting and safe Christian community, where hurts are healed; hope is nurtured; and faith in God, self and others is developed.

VISION

The vision of Epworth Children's Home is to provide superior services for the greatest number of individuals through competent, caring adults who are trained in the most effective, research based methods of child and family care.

PURPOSE

The purpose of Epworth Children's Home is to break the destructive cycle of abuse, neglect and shame and replace it with an opportunity for each child to live a life of self respect, responsibility and productivity.

Epworth Children's Home Volunteer Orientation

A Brief History:

Epworth Children's Home was established in 1895 by the South Carolina Annual Conference of the Methodist Church and chartered by an act of the South Carolina General Assembly as Epworth Orphanage.

The land for Epworth Orphanage was originally the Congaree Racetrack and extended over 130 acres. From the first two children who were admitted on January 20, 1896, the Orphanage grew rapidly to house 100 children by the year 1900. During the 30's, 40's and early 50's, Epworth was at an all time high of more than 350 children. Epworth consisted of a large farm, print shop and marble yard. The children worked at least four hours a day and attended school for five hours. By the end of World War II, the administration recognized that most of the children were not orphans, but came from families which were broken and in conflict. The name "Epworth Children's Home" was adopted in 1951. During the late 1950's and 1960's most of the buildings on campus were replaced with new cottages. In 1965 the farm was sold and an Endowment was established. By 1975, the population of the campus was 144. Children were residing two to a room, a drastic change from when 30 children would live in one cottage and reside five to a room. In 1996 Epworth celebrated its 100th birthday.

Epworth today:

Epworth Children's Home has grown and adapted to the individual needs of children by providing quality care grounded in faith and responsibility for our neighbor. Situated in the heart of the state, the Home is located on 32 peaceful acres in Columbia, South Carolina. Children come to Epworth through private and government placements. Each placement is the result of a fractured family system. Over 80 staff members surround each child with an array of comprehensive services that meet their emotional, physical and spiritual needs. Much CARE and expertise go into assessing the strengths and weaknesses of each child. Together with SC UM congregations and individual volunteer support, the staff of Epworth Children's Home "**live CARE**" so each child's hurts are healed, hopes are nurtured and faith in God, self and others is developed.

The generous financial support of those who have come before and those who partner with Epworth each day are combined to help provide the daily needs of a safe and nurturing environment for the children on campus. More than half of the budget each year comes from congregations, individuals and corporate support. When you make a gift to Epworth, you are insuring each child receives the basics of food and shelter, but more importantly, your gift serves to provide a campus pastor for spiritual direction, counseling staff, educational tutors and cottage staff who guide each child through their journey. Together we live **CARE** for God's children at Epworth Children's Home: **C**ompassion, **A**cceptance, **R**espect and **E**ncouragement.

Fact Sheet

- Founded in 1895 by the South Carolina Annual Conference of the United Methodist Church and chartered by an act of the South Carolina General Assembly as Epworth Orphanage
- The name Epworth Children's Home was adopted in 1951
- Epworth Children's Home still sits at the original location of 2900 Millwood Avenue and spans 32 acres
- In 2011 Epworth will celebrate 115 years of providing CARE for children
- Epworth is licensed by the SC Department of Social Services as a Child Caring institution, and is recognized as a 501(c) (3) organization by the IRS. Epworth is accredited by the United Methodist Association of Health and Welfare Ministries
- Epworth is primarily supported by the United Methodist Church, individual gifts, memorials, bequests from wills and trusts and designated gifts
- Epworth Memorial Church is located on campus and a campus pastor provides worship and spiritual direction for all residents
- Epworth provides CARE for children from the ages of four to 18
- We average 75 children on campus at any given time who reside in nine different cottages
- Each cottage houses 10-12 children
- Epworth has 80 individuals on staff; Each cottage consist of three to five staff members
- All children attend public schools in Richland District One
- Epworth is a low management facility
- A Health Center, Dinning Hall, Tutoring Center, and the Center for Children, Youth and Families (which provides office space to counseling staff) are all located on site to provide CARE for the children
- Epworth has an active Alumni Association with over 500 members

Volunteer CARE Opportunities

Support Volunteer:

1. Grounds/ Landscaping & Maintenance/ Construction (Occasional and recurring opportunities available for groups and individuals)
2. Funds Development (Special events and phone calls)

Requirements:

- Attend Care Volunteer Information Session
- Completed Volunteer Packet to be kept on file
 - Application
 - Background Check Permission Form
 - References

Additional Opportunities for Education:

- Program Volunteer Guidelines and Expectation Training
- CARE Model Overview Training

Program Volunteers:

1. Tutor
2. Cottage Partner
3. Faith Formation (minimum one year commitment)
4. Social Services/Clinical
5. Mentor (minimum one year commitment with six hours per month)

Requirements:

- Volunteers 21 and older. Mentors 25 and older
- Attend Care Volunteer Information Session
- Completed Volunteer Packet to be kept on file
 1. Application
 2. Background Check Permission Form
 3. References
- Clear SLED Check Received
- Clear DSS Check Received
- Clear Sex Offenders Online Check Completed
- Clear TB Test
- 3 Reference Checks Completed
- Attend a Program Volunteer Guidelines and Expectations Training
- Program Area Orientation Completed by Area Supervisor
- Mentors have additional training and will be matched as needed

Additional Opportunities for Education:

- CARE Model Overview Training

Boys Cottages:

Wesley 4-8 year olds
Clinton 9-12 year olds
Haas 12-14 year olds
Cile Gray 14–18 year olds

Girls Cottages:

Asbury 4-8 year olds
Stokes 9-12 year olds
Dantzler 12-14 year olds
Waddell 14-18 year olds
Anderson 16-18 year olds

Hours of Operation:

Main Office: Monday-Friday 8:30-5:00pm. Phone: (803) 256-7394

- Dining Hall: 8:00 am, 12 noon, 6:00 pm.
- Epworth Memorial Church: 10:00 am Sunday morning service

Ideas for Cottage Partner Activities and Events

- Join us for worship at Epworth Memorial United Methodist Church
- Host a back to school shopping trip, provide gift cards or new book bags
- Decorate the cottage for Halloween or provide Halloween costumes
- Host a cottage Christmas Tree Trimming Party for a Holiday get together
- Provide a monthly Birthday Celebration or send Birthday cards
- Host a Bible Study or Devotion or a Dinner and a Movie Night
- Sponsor a cottage with tickets to a sporting event, performance or movie
- Host a Karaoke Night or lead an exercise or dance class

What Happens Now

Epworth Children's Home seeks to provide the best CARE for each child. In order for our children to experience CARE we look for committed volunteers who are willing to serve with an open mind and a gracious heart and who recognize the child's needs as a priority. For this reason all volunteers will be matched to a volunteer area based on skill, interest and the needs of Epworth and our clients. You will be contacted by your appropriate supervisor as need arises. In the mean time Epworth will hold all personal volunteer information for future use depending on availability. This will be kept confidential.

Thank you for showing interest in becoming a volunteer at Epworth Children's Home. We look forward to working with you by providing CARE for all children.

Beth Caskey

Hospitality Coordinator
Epworth Children's Home
2900 Millwood Ave
PO Box 50466
Columbia, SC 29250
(803) 256-7394
bcaskey@epworthsc.org

CARE Volunteer Opportunities and Requirements

for reference as needed – completion of sheet is not required

Name: _____ Volunteer type: _____

All Volunteers:

- Attended CARE Information Session: _____
- Application Received, Completed and Signed: _____
- New Volunteer Package Provided: _____
 - New Volunteer Information Form Signed:
 - Package Given and Discussed as is Relevant:
 - Assigned a Campus Supervisor and Area:
- File Completed and Sent to Human Resources: _____

Program Volunteers:

- SLED Check Received: _____
- DSS Check Received: _____
- Sex Offenders On Line Check Completed: _____
- 3 References Checks Completed – as needed: _____
- Orientation Completed/ Program Area: _____
- TB Test Passed: _____
- Attend a Program Volunteer Guidelines and Expectations Training _____
- File Completed and Sent to Human Resources: _____
- Mentor Training: _____

Date of Initial Interview _____

Date Volunteer Begins _____

Assigned Supervisor _____
(Staff Name and Date)

1st Evaluation Completed _____ By _____

Ongoing evaluations (date and by) _____



Epworth Children's Home

Volunteer Application

Date: _____

PART I: GENERAL INFORMATION (please print clearly)

Name: Mr./Mrs./Miss/Ms. _____
Last
First
Middle Initial

Employer/School: _____ Job Title/Major: _____

Current Address: _____ Permanent Address: _____

Home Phone: _____ Work: _____

Cell Phone: _____ Email: _____

Date of Birth: _____

Please list any medical conditions you feel we should know in case of emergency: _____

Emergency Contact: _____ Phone: _____

Do you own a car? Yes No If yes, give tag number and state _____

Please check one: New Volunteer Returning Volunteer

Position of Interest: (Please check one)

- | | |
|--|--|
| <input type="checkbox"/> Grounds Work/Landscaping | <input type="checkbox"/> Mentors |
| <input type="checkbox"/> Maintenance/ Construction | <input type="checkbox"/> Administrative/Office Assistance |
| <input type="checkbox"/> Tutors | <input type="checkbox"/> Special Interest/talents: _____ |
| <input type="checkbox"/> Faith Formation | <input type="checkbox"/> Cottage Partners (Groups preferred) |
| <input type="checkbox"/> Campus Church* | <input type="checkbox"/> One time activities/parties: |
| <input type="checkbox"/> Social Services/Intern* (Filled until 2012) | <input type="checkbox"/> Other: _____ |

*Positions that usually require a one year commitment

Schedule: Which days and hours are you available to volunteer? Please write specific hours in boxes.

	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

Why do you want to become an Epworth volunteer? _____

What qualifications will you bring as a volunteer? Please describe any previous experiences working with children that demonstrate your skills, values and aptitudes: _____

Special Interests/Skills/Hobbies: _____

Publicity: I give permission for Epworth to use my image and likeness in marketing and publicity materials to promote Epworth programs and events. Yes No

PART II: REFERENCES

1. Please list the names and addresses of **three** persons who can vouch for your reputation, character and morals; and who have known you for at least two years. Please also include your current employer or work supervisor. **DO NOT** list relatives. Give complete information. Please type or print.

Current Employer or Supervisor's Name**: _____

Name of Company/Organization: _____

Address: _____

Phone: _____

**If you are NOT employed, please provide an alternate reference

Name: _____ Relationship: _____

Address: _____

Phone: (Work) _____ (Home) _____

Name: _____ Relationship: _____

Address: _____

Phone: (Work) _____ (Home) _____

2. List other volunteer experience(s):

Organization _____ # of Years: _____

Organization _____ # of Years: _____

PART III: BACKGROUND INFORMATION

Education: High School _____

College (Degree and School) _____

Church Affiliation: _____

Have you ever been in the military? Yes No If so, in what branch and capacity? _____

Have you ever had a DUI conviction (include NOLO plea)? Yes No

If yes, please explain and give year _____

Do you have an arrest/police record? Yes No If yes, explain _____

SC DSS Regulations require that persons who volunteer regularly and who may have unsupervised access to children must have the following repeated annually: SC Central Registry check, SLED check, Sexual Offenders Registry check, documentation of freedom of communicable or contagious diseases (TB check).

DISCLOSURE AND CONFIDENTIALITY

I, (please print) _____, hereby declare or affirm under penalty of perjury, that I have not been convicted of nor am I the subject of pending charges for the commission or attempt to commit: murder, child abuse, rape, child pornography, child abduction, kidnapping of a child, or a sexual offense, as defined under Article IX, Subsection 4 of the Annotated Code of Any State, or an equivalent offense and I give my permission for this agency to verify this by police background check. Further, I certify that I am the applicant whose signature is affixed below.

I attest that all of the above information is correct and true. I understand that willfully providing incorrect information and/or the willful omission of required information may result in the termination of my volunteer service with Epworth Children's Home.

I understand that I am required to abide by all rules and regulations of Epworth Children's Home, in addition to South Carolina state law and regulations that govern residential child care facilities. I understand that I cannot disclose personal information concerning residents/clients to others, including family, friends, other volunteers and the public. Information I may learn or receive about the resident(s) with whom I am volunteering will be kept in confidence. Violation of this requirement may result in immediate termination of volunteer service. I understand that if my volunteer services are terminated, the reason(s) for such termination will be held in confidence by Epworth Children's Home unless otherwise required by law.

Signature _____ Date _____

EPWORTH CHILDREN'S HOME
STATEMENT OF CONFIDENTIALITY

In order to ensure the confidentiality of our clients, Epworth Children's Home has adopted the following policy:

No personal information concerning children will be given out to volunteers or to the public. Violation of this policy may result in immediate termination of volunteer service.

In addition, information I may learn or receive about the children with whom I am volunteering to work at Epworth Children's Home will be kept confidential.

I understand that if my volunteer services are terminated, the reason(s) will remain confidential by Epworth Children's Home unless required by law.

Volunteer Signature

Date

ECH Representative Signature
(Elizabeth A Caskey)

Date

South Carolina Department of Social Services
P.O. Box 1520 • Columbia, South Carolina 29202

Date: _____

CONFIDENTIAL

**PLEASE SUBMIT IN DUPLICATE AND COMPLETE
ALL BLANKS TO AVOID RETURN AND DELAY.**

MEMORANDUM

To: Special Agent in Charge of Investigations and Criminal Records
Division of Investigation

Thru: _____ **From:** _____
Authorized Signature Requester

Division/Office/Unit Name Division/Office/Unit

Subject: Request for Criminal Background Check

Reason: _____

This portion is to be filled out by applicant only.

Request that a criminal background check of the files of the South Carolina Law Enforcement Division be made for the following person:

Last Name Middle Initial First Name

Social Security Number (When Social Security Number is used as search criteria; signature must be affixed below.)

Sex Race Date of Birth

Have you ever been convicted of a crime? Yes No If yes, where _____
and when _____? City, State
Date

I understand that the above information will be used to conduct a criminal records check and I give my permission for a criminal records check to be done through the South Carolina Law Enforcement Division or any other law enforcement agency.

Search Results:

No Record Found _____ Signature
 Record Found (See Attached) _____ Date

Any criminal history information received is confidential and is not to be disseminated or used for other than the reason requested.

**South Carolina Department of Social Services
 CONSENT TO RELEASE INFORMATION**

My signature below serves as my consent to authorize the South Carolina Department of Social Services, Division of Human Services, to conduct a search of the Child Abuse and Neglect Central Registry on myself and release the information to the individual/organization listed below. I also understand that all information provided on this form will be released to the individual/organization listed below. I understand that the information may prove unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with the release of information I have requested using this form. If it appears to me that the information in the Registry has not been updated or appears inaccurate, I will notify the Department immediately.

This consent is effective for a one time search of the Central Registry for the purpose of: Volunteer with children

Mail Results To: Epworth Children's Home
PO Box 50466
Columbia, SC 29250

Central Registry Check Fee: (Check one and attach appropriate payment by check or money order.)

- | | | | |
|---|---------|--|--------|
| <input checked="" type="checkbox"/> Non-Profit Entities | \$8.00 | <input type="checkbox"/> Schools | \$8.00 |
| <input type="checkbox"/> For-Profit Entities | \$25.00 | <input type="checkbox"/> Child Day Care | \$8.00 |
| <input type="checkbox"/> State Agencies | \$8.00 | <input type="checkbox"/> Other (Individuals, all others not named above) | \$8.00 |

Please Print or Type: (Complete spelling of name required, first, middle and last – **no initials.**)

Name: _____ DOB: _____ Sex: _____ Race: _____
 Maiden/Former Name: _____ Name Change: _____
 Place of Birth: _____ SSN: _____
 Current Address: _____ Previous Address: _____

This form MUST be witnessed (may be notarized). Submit appropriate payment and form for processing to:
 South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520;
 Telephone (803) 898-7318.

 Signature of Applicant Date

 Signature of Notary or Witness Date

RESULTS OF SEARCH OF THE CHILD ABUSE AND NEGLECT CENTRAL REGISTRY
 (This section to be completed by an authorized DSS employee only – Division of Human Services.)

- The name is not listed as a perpetrator in the Child Abuse and Neglect Central Registry.
- The name is listed as a perpetrator in the Child Abuse and Neglect Central Registry. According to state law, being named as a perpetrator prohibits an individual from being a guardian ad litem, member of the Foster Care Review Board, licensed foster parent or operating or working in a child day care facility or being employed, operating or volunteering in a residential child care facility. Further, being named as a perpetrator may affect an individual's capacity to adopt a child.
- Your request has been received. Please allow an additional 30 to 60 days to process your inquiry.
- Other – See attached correspondence.

 Authorized DSS Employee Date

INSTRUCTIONS FOR DSS FORM 3072

Purpose:

Provides authorization for the Department of Social Services to conduct a search of the State Central Registry of Child Abuse and Neglect and release the results. State law provides that in order to serve on the Foster Care Review Board, be a guardian ad litem, be licensed as a foster parent or operate or work in a day care facility or be employed, operate or volunteer in a residential child care facility, a State Central Registry of Child Abuse and Neglect search must be conducted.

Note:

An amendment to the South Carolina Code of Laws affects the status of individuals named as perpetrators in the State Central Registry of Child Abuse and Neglect. Effective July 2002, a name legally listed on the Central Registry will remain indefinitely.

Specific Instructions for Applicant/Organization Submitting Form:

Please ensure that you type or stamp the return address on this form. Check appropriate fee box and submit payment with form to: South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520.

Specific Instructions for Applicant: (Print or Type)

All the information requested on this form is necessary in order to conduct a thorough search.

1. Purpose of Search: Fill in whether screening is for employment, to be become a foster parent, volunteer, etc.
2. Name: Provide complete spelling of name to include the first, middle and last name. No initials.
3. Name Change: List name you are changing to. Item number 2 must be completed also.
4. Date of Birth, Sex, Race, Social Security Number: Self-explanatory.
5. Place of Birth: Provide the name of the state you were born in.
6. Current Address: Your current residence.
7. Previous Address: List other addresses, states, countries you have resided in for the past seven years.
8. Signature of Applicant: Original signature of the individual requesting to have their name searched.
9. Signature of Witness or Notary: To witness the signature of the applicant.

This form must be signed by the applicant and witnessed (may be notarized) prior to submitting for processing.

Specific Instructions for Authorized DSS Employee:

After receipt by cashier and processing of payment, the Central Registry check will be completed by authorized DSS personnel in the Division of Human Services.

1. Check appropriate box.
2. Sign, date, stamp confidential on envelope and mail to return address.

Distribution:

Results of the search will be sent to the individual or organization specified on the form.