Thornwell Big Brother/Big Sister Application
Presbyterian College
DUE Tuesday, September 9th by 5pm

Name: ____________________________  Email: ____________________________
Date: ____________________________  PC Box: ____________________________
Cell: ____________________________  Major: ____________________________
Date of Birth: __________________________

1. Will you be able to commit at least one hour a week to your little brother or sister for BOTH semesters?

2. Are you willing to communicate effectively with your little brother or sister’s family teacher and the SVS coordinator?

3. Why are you interested in becoming a big brother or sister?

4. What skills/experiences do you possess that would make you a good big brother or sister?

5. Do you have any requests for a specific brother/sister, age group, or PC student to be paired with?
**Thornwell Home for Children**

**BACKGROUND INVESTIGATION CONSENT**

I, ____________________________________________, hereby authorize Thornwell Home for Children and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal, or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information, which may be material to my qualifications for employment now, and if applicable, during the tenure of my employment with Thornwell Home for Children.

I release Thornwell Home for Children and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name, and all information is true and correct to the best of my knowledge.

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<th>Maiden name or other names used</th>
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CRIMINAL RECORDS CHECK

(Please print your completed form and submit to SLED. You may want to print a copy for your records.)

FULL NAME (with middle name): ____________________________

AKA and/or MAIDEN NAMES: ____________________________

DOB: ____________________________

SSN ____________________________

(Federal law permits governmental agencies to require a social security number in order to conduct official business; however, private entities may only obtain social security numbers if given voluntarily).

NAME OF CHARITABLE ORGANIZATION (if applicable): Thornwell Home for Children

CHARITABLE VERIFICATION ACCOUNT # (if applicable): N3796

PLEASE NOTE:

The fee is twenty-five dollars ($25) unless you are a charitable organization approved for a fee of eight dollars ($8). A charitable organization must include its name and account number or the request may not be processed. Payment must be business check, certified/cashier's check or money order payable to SLED. [IRS LETTER OF CHARITABLE ACKNOWLEDGMENT] This report contains records of arrests and convictions made by state/local agencies in South Carolina only. Alteration of a completed criminal records check may subject a person to criminal prosecution. A completed criminal records check should not be accepted unless it bears an original SLED stamp. *Please enclose a self addressed stamped envelope for the return of your record check.

SLED RECORDS SECTION HAS BEEN CLOSED TO THE PUBLIC SINCE DECEMBER 15, 2008.

(CJ-022) 5/11/11
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: Group Foster Care Employee

Mail Results To: Kim Holman
Thornwell Home for Children
PO Box 526
Clinton, SC 29325

Central Registry Check Fee: (Check one and attach appropriate payment by check or money order.)
☐ Non-Profit Entities $8.00 ☐ Schools $8.00
☐ For-Profit Entities $25.00 ☐ Child Day Care $8.00
☐ State Agencies $8.00 ☐ 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

______________________________
Signature of Notary or Witness

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

DSS Form 3072 (SEP 08) Edition of SEP 04 is obsolete.