APPLICATION FOR VOLUNTEER CHAPLAINCY

RICHLAND COUNTY SHERIFF'S DEPARTMENT

SHERIFF LEON LOTT

APPLICATION FOR VOLUNTEER CHAPLAINCY

RICHLAND COUNTY SHERIFF'S DEPARTMENT WELLNESS UNIT
5623 Two Notch Road Columbia, SC 29223
803-553-8586

INSTRUCTIONS: Fill out the entire application. PRINT or TYPE in black or blue ink.

Return application via email to Allison Farrell (AFARRELL@RCSD.NET) or mail to 5623 Two Notch Road Columbia, SC 29223

NOTE: Filling in an application with us does not imply that you will be interviewed or selected, only that you will be considered for vacancies based upon the stated occupation preference identified. Applications are considered active for six months.

Please initial for acknowledgement and understanding: _____ Date: _____

PERSONAL INFORMATION

Full Legal Name: _____
First, Middle, Last

Preferred Name: _____

If you have worked under another name, please indicate: _____

Gender: Male Female Languages Spoken: _____

Are you a U.S. Citizen? ☐ Yes ☐ No If no, Visa Type: _____

Immigration Number: _____

Date of Birth: _____/_____/_____ Social Security Number: _____-_____-_____

Driver's License Number: _____ State: _____ Issued Date: _____

Marital Status: _____ Spouse Legal Name: _____

Emergency Contact: _____ Relationship: _____

Contact Phone Number: _____

CONTACT INFORMATION

Mobile Phone: _____ Email: _____

Do you currently reside within Richland County? ☐ Yes ☐ No

Current Address: _____
Number, Street, City, State, Zip, Apt/Unit/Lot #

Years at residence: _____

Previous Address: _____ Years at residence: _____
City, State

MILITARY

Have you ever served in the U.S. Military? ☐ Yes ☐ No Branch: _____

Are you currently serving in the U.S. Military Reserves? ☐ Yes ☐ No Branch: _____

Date of Discharge: _____ Type of Discharge: _____

VOLUNTEER EXPERIENCE

Do you currently hold other volunteer chaplaincy positions? ☐ Yes ☐ No

Entity: _____

Have you previously served as a chaplain? ☐ Yes ☐ No

If yes, Organization/Agency: _____

Type of Chaplaincy:

☐ Law Enforcement/Sheriff's Office
☐ Fire/EMS
☐ Military
☐ Hospital
☐ Hospice
☐ Corrections

Is there any reason known to you as to why you could not consistently perform the job you have applied? If yes, explain: _____

EMPLOYMENT HISTORY

Current Occupation/Employer: _____

Position/Title: _____

Have you been terminated in the last 10 years? Why? _____

Previous Law Enforcement/Public Safety Experience: _____

EDUCATION

Highest level of education completed:

- ☐ High school/GED
- ☐ Some college
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Master's degree
- ☐ Doctoral degree
- ☐ Professional degree
- ☐ Other: _____

PASTORAL EXPERIENCE

Denomination / Religious Affiliation: _____

Endorsing Entity: _____

Endorsing Entity Contact Name: _____ Phone: _____

Place of Worship/Congregation: _____

Years Affiliated with Current Congregation: _____

Ordination/Commissioning Status: _____

Date of Ordination/Commissioning: _____

List professional licenses: _____

_____

DRUG USE HISTORY

The following questions are intended to assist Richland County in evaluating an applicant's suitability for participation in the Volunteer Chaplain Program. Applicants are expected to answer all questions truthfully and completely. Providing false, misleading, or incomplete information may result in disqualification from the Volunteer Chaplain Program or removal from the program.

Have you ever used, possessed, purchased, distributed, or sold any illegal drugs or controlled substances without a valid prescription? ☐ Yes ☐ No

If yes, please provide the following information for each substance:

Name/type of substance: _____

Approximate dates or period of use: _____

Frequency of use: _____ Date last used: _____

Circumstances surrounding use: _____

Name/type of substance: _____

Approximate dates or period of use: _____

Frequency of use: _____ Date last used: _____

Circumstances surrounding use: _____

Name/type of substance: _____

Approximate dates or period of use: _____

Frequency of use: _____ Date last used: _____

Circumstances surrounding use: _____

**If additional space is needed, please attach supplementary paper to this application.

Have you ever been arrested, cited, charged, or convicted for an offense involving illegal drugs or controlled substances? ☐ Yes ☐ No

If yes, please provide details, including the approximate date, offense, jurisdiction, and disposition: _____

_____

_____

Are you currently using any controlled substance or prescription medication that could affect your ability to safely and appropriately perform Volunteer Chaplain duties? ☐ Yes ☐ No

If yes, please explain: _____

_____

CRIMINAL HISTORY

Have you ever been accused of a crime? ☐ Yes ☐ No

Crime: _____

Was the crime investigated by Law Enforcement? ☐ Yes ☐ No Date: _____

Investigating Agency: _____

Crime: _____

Was the crime investigated by Law Enforcement? ☐ Yes ☐ No Date: _____

Investigating Agency: _____

**If additional space is needed, please attach supplementary paper to this application.

Have you ever been arrested? ☐ Yes ☐ No

Charge: _____ Disposition: _____

Arresting Agency: _____ Date: _____

Charge: _____ Disposition: _____

Arresting Agency: _____ Date: _____

Have you ever been convicted of a crime? ☐ Yes ☐ No

Charge: _____ Disposition: _____ Date:_____

Charge: _____ Disposition: _____ Date:_____

**If additional space is needed, please attach supplementary paper to this application.

Richland County Sheriff's Department
Ride-Along Program

The Richland County Sheriff's Department offers a Ride-Along program to citizens which allows them to ride with a patrol deputy during their shift.

The Ride-Along application can be downloaded below and is also available at the reception desk of Richland County Sheriff's Department Headquarters, located at 5623 Two Notch Road Columbia, SC 29223.

The application must be completed and returned in the following ways:

- Emailed to Ridealong@rcsd.net
- Returned to the reception desk at the Richland County Sheriff's Department Headquarters

Applicants must pass a background check in order to be eligible to participate.

If you have any questions or need information regarding the Ride-Along Program, please contact Paula Rosenberger at (803) 576-3163.

STATE OF SOUTH CAROLINA)
) **RELEASE OF CLAIMS**
COUNTY OF RICHLAND)

WHEREAS, the undersigned has requested of the Richland County Sheriff's Department permission to ride in a Richland County Sheriff's Department Vehicle.

WHEREAS, the Richland County Sheriff's Department does not object to this accommodation on its part, providing the undersigned assumes the risk involved in this endeavor.

NOW, for and in consideration of allowing the undersigned to ride as a passenger in a Richland County Sheriff's Department vehicle, I hereby release the Richland County Sheriff's Department and the County of Richland, from all claims, demands and causes of action, that the **Releaser** may now have or that might subsequently accrue to **Releaser**, arising out of or connected with, directly or indirectly, the accommodation afforded to the **Releaser** on the part of the Richland County Sheriff's Department and the County of Richland in allowing the **Releaser** to ride as a passenger in a Richland County Sheriff's Department vehicle.

The **Releaser** further agrees that he/she is cognizant that he/she may receive injuries, damages, or other sickness as a result of riding in said Sheriff's car but, further, hereby releases the above mentioned governmental agencies from all liability, claims, demands, costs, charges and expenses from any future personal injuries, damages and/or sickness that might be sustained by the **Releaser**, further shown as the undersigned.

The **Releaser**, same being the undersigned, understands that these injuries, damages and/or sickness that are unknown to him/her at the present time further releases any unknown complications which may arise in the future from the injuries, damages and/or sickness of which he/she is presently unaware and are all covered by this **Release**; and, further, that this was brought to the **Releaser's** attention and discussed prior to his/her signing said **Release**.

The **Releaser**, same being the undersigned, further releases, not only of himself/herself, but for his/her heirs, legal representatives and assigns, the Richland County Sheriff's Department and the County of Richland from any and all claims and causes of action including, without limitations, claims of property damage, direct or indirect medical expenses, pain and suffering, disability, loss of income, if any, based on any injuries, damages and/or sickness that he/she may sustain as a result of riding in the Sheriff's vehicle.

As an additional consideration for allowing the **Releaser**, same being further designated as the undersigned, to ride the Sheriff's vehicle, he/she agrees to indemnify the Richland County Sheriff's Department, and the County of Richland, their legal representatives and assigns against any loss from any and all further claims, demands and actions at law or in equity that may hereafter, at any time, be made or brought by any other person, institution and/or corporation of agency of a government for damages on account of any future injuries or other damages sustained in consequence of the above describes accommodation on the part of the Richland County Sheriff's Department.

The consideration stated herein is contractual and the **Releaser** executes and delivers this **Release** after being fully informed of its terms, contents and effects.

IN WITNESS WHEREOF, the **Releaser** has executed this release on the _____ day of _____, in the year **20____**.

_____ _____
Print Name of **RELEASER** Date of Birth of **RELEASER**

_____ _____
Driver's License # Address

_____ _____
Social Security # City, State, Zip

Home Phone: _____ _____
Signature of RELEASER

Work Phone: _____

Email: _____ Region /division you wish to ride: _____

NOTE: **if you are requesting approval for multiple ride-a-longs, please complete the following:**
I am requesting approval for multiple ride-a-longs for the period beginning _____to _____. (Requests may not exceed (3) month time span).

SWORN before me this, the _____ day of _____, 20___.

_____ _____
Notary Public for South Carolina My Commission Expires

Instructions to the Releaser: Please complete this form and return it to the Desk Sergeant or approved representative at the Richland County Sheriff's Department. Upon the Sheriff's review/approval, you will be notified by a representative of the Richland County Sheriff's Department and arrangements will be made to coordinate your ride with a Deputy. You will need to pick up a copy of your approved release form from a representative of the Richland County Sheriff's Department prior to your scheduled ride-a-long. This form must be given to the Deputy you ride with prior to entering a Sheriff's Department vehicle. Your identity will be verified by the Deputy you are scheduled to ride with.

***********ADMINISTRATIVE USE ONLY*********

APPROVED: _____ DATE: _____
LEON LOTT, SHERIFF of RICHLAND COUNTY

1. Background Check completed _____
2. Review/Approval by Sheriff _____
3. Coordinate with Releaser issued a copy of approved form _____
4. Ride-a-long scheduled for (date) _____ at (time) _____
5. Region/Person notified _____ (Date/time) _____
6. Copy of Release left at _____ (Date/Time) _____
7. ***Note to Deputy participating in ride-a-long:*** review the above information and verify the identity of the releaser. Obtain their copy of the release and file with your region upon completion of ride.

RICHLAND COUNTY SHERIFF'S DEPARTMENT

RIDE-ALONG PROGRAM ACKNOWLEDGEMENT AND AGREEMENT

Participant Name: _____ **Date:** _____
Gender: ☐ Male ☐ Female **Phone:** _____

Policy and Rules of Conduct By signing this form, I acknowledge that I have read, understand, and agree to adhere to the following rules and regulations as set forth by the Richland County Sheriff's Department:

1. **Same-Gender Requirement:** I understand that I will ride with a deputy of my same gender. I must obtain written approval from the Sheriff's designee or the Regional Commander, for any exception.
2. **Safety and Location:** I agree to remain inside the patrol vehicle during all traffic stops and while the deputy is responding to calls.
3. **Entry Restrictions:** I understand that I am strictly prohibited from entering the private residence of any victim, complainant, or suspect at any time.
4. **Prohibition of Weapons:** I will not carry a firearm or any other weapon while participating in the ride-along program. This prohibition includes individuals who possess a valid concealed weapon permit (CWP).
5. **Compliance with Instructions:** I agree to comply with any lawful and appropriate request made by the deputy with whom I am riding.
6. **No Law Enforcement Action:** I understand that I am an observer only and am not permitted to engage in any law enforcement functions.
7. **Confidentiality of Information:** I will not attempt to view the MDT (mobile data terminal) or computer screen. I also acknowledge that I may not use any criminal justice information transmitted via radio or cell phone.
8. **Dress Code:** I will dress in appropriate attire, which must include pants, a shirt, and shoes.
9. **Recording and Media:** I will not record, video, or take photographs during the ride-along without prior approval from the Sheriff or his designee. I understand that live streaming or providing a live video feed to social media is strictly prohibited.
10. **Consequences of Non-Compliance:** I understand that any failure to follow these guidelines will be reported to the on-duty Regional Commander and documented for the Sheriff.

Acknowledgement I hereby certify that I am participating in this program as an observant to promote citizen involvement and understanding of departmental operations. I agree to follow all procedures outlined above.

Participant Signature: _____**Date:** _____

Ride-a-long Coordinator Signature: _____

DEMOGRAPHIC INFORMATION

First Name: _____

Middle Name: _____

Last Name: _____

Age: _____

Date of Birth: _____

Eye Color: _____

Hair Color: _____

Facial Hair: ☐ none ☐ mustache ☐ beard ☐ mustache ☐ goatee

Height: _____

Weight: _____

Race: _____

Sex: _____

ACKNOWLEDGMENT

I understand that providing this demographic information is voluntary. I understand that this information will not be used to determine whether I am selected or appointed as a volunteer chaplain.

Name (optional): _____

Signature (optional): _____

Date: _____

VOLUNTEER PREFERENCES

What is your proximity/connection to the agency's service area?

- ☐ County of Residence: _____
- ☐ Work in Richland County
- ☐ Attend Church in Richland County

Are you willing and able to respond to chaplaincy requests when needed? ☐ Yes ☐ No

Approximate response time to the agency:

- ☐ Less than 15 minutes
- ☐ 15–30 minutes
- ☐ 31–60 minutes
- ☐ More than 60 minutes

Preferred Richland County geographic area(s) for volunteer service: _____

_____

Any residency or travel considerations that may affect availability: _____

_____

DRUG TESTING ACKNOWLEDGEMENT

The undersigned applicant for Volunteer Chaplaincy understands and acknowledges that the Richland County Sheriff's Department may, upon request, require the applicant to submit to a drug test as a condition of participation in the Volunteer Chaplain Program.

The applicant agrees that, upon request by Richland County, the applicant will obtain a drug test at the applicant's own expense and will provide the official test results to Richland County within **twenty-four (24) hours** of receiving the results. Failure to obtain the requested test, failure to cooperate with the testing process, failure to provide the results within the required 24-hour period, failure to follow applicable testing procedures, or testing positive for the use of illegal drugs or substances may result in disqualification from or removal from the Volunteer Chaplain Program.

The drug test may be conducted by urinalysis or another testing method designated by Richland County. If the collector of the test sample believes there is a reasonable possibility that the applicant has or will tamper with or substitute the urine sample, the sample or an additional sample may be collected under conditions in which a person of the same gender as the applicant may witness the collection.

The applicant acknowledges and consents to the foregoing requirements and agrees to comply with all drug-testing requirements established by Richland County for Volunteer Chaplains.

_____

Applicant Printed Name

_____

Applicant Signature

_____

Date

Richland County Sheriff's Department

Release for Background Checks

I understand that the employment background check *requires* my full name, social security number, and date of birth. I authorize the Richland County Sheriff's Department to perform a background check and release those parties supplying such information from all liability or responsibility with respect to the information provided. The permissive background checks will be Fair Credit Reporting Act (FCRA) compliant.

I certify that the entries made by me on this form are true, complete, and accurate to the best of my knowledge and are made in good faith and voluntarily. I understand that any false statements or answers by me may disqualify me for consideration or will be sufficient grounds for termination. Moreover, I understand that failure to complete this form will preclude me from employment opportunities with the Richland County Sheriff's Department.

_____ _____

Social Security Number Date of Birth

_____ _____

Print Name Date

_____

Sign Name

SOCIAL MEDIA VOLUNTEER CHAPLAIN ACKNOWLEDGMENT

I acknowledge that I have read and understand the **Richland County Sheriff's Department Volunteer Chaplain Social Media Agreement**.

I understand that:

- My volunteer chaplain position does not make me a sworn law enforcement officer.
- I may receive confidential or sensitive information while performing chaplain duties.
- I am responsible for protecting confidential information.
- I may not post or share confidential information obtained through chaplaincy service.
- I may not represent myself as a sworn officer or official agency spokesperson.
- I may not use my chaplain position to endorse political candidates, businesses, products, or services.
- I may not photograph, record, or livestream sensitive agency activities without authorization.
- My obligation to protect confidential information continues after my volunteer service ends.
- Violations of this agreement may result in removal from the Volunteer Chaplaincy Program.

I agree to comply with this agreement and all applicable **Richland County Sheriff's Department** policies and procedures.

Printed Name: _____

Signature: _____

Date: _____

Username/Handle of Social Media Platform(s) Used:

Facebook	
Instagram/Threads	
X (Twitter)	
Snapchat	
TikTok	
OnlyFans	
Other:	

ACKNOWLEDGEMENT OF UNDERSTANDING

Please initial each statement signifying your understanding and acceptance

_____ 1. No Weapons
I understand that I may not carry a firearm or other weapon while serving as a Volunteer Chaplain, even if I have a permit.

_____ 2. Role of the Chaplain
I understand that my role is to listen, support, encourage, and provide care. I will not interfere with or participate in law enforcement command or operational decisions.

_____ 3. Participation Requirements

I understand that I am required to:

- Make at least **6 contact hours each month** with members of the Richland County Sheriff's Department;
- Attend at least **4 Department events each year**; and
- Attend **all quarterly Chaplain Meetings**, unless excused.

I understand that failure to meet these requirements may result in removal from the Chaplain Program and require me to return my badge, identification, and other Department-issued chaplain materials.

_____ 4. Criminal Charges
I understand that if I am charged with a crime, I must return my chaplain badge, identification, and other Department-issued chaplain materials until the Professional Standards investigation is completed and the Sheriff makes a decision regarding my status.

_____ 5. Drug Testing
I agree to submit to drug testing when requested by the Richland County Sheriff's Department.

_____ 6. Volunteer Chaplain Status
I understand that I am **not a sworn law enforcement officer**. I will not represent myself as a deputy, police officer, or other sworn member of the Department, and I will not claim or imply law enforcement authority.

_____ 7. Identification and Chaplain Badge

I will use my Volunteer Chaplain identification and badge only for authorized chaplain duties. I will not:

- Use them to obtain discounts, free services, special treatment, or personal benefits;
- Use them to imply that I have law enforcement authority;
- Loan or give them to another person; or
- Use them for personal, political, commercial, or fundraising activities.

I will return all Department-issued identification, badges, and other chaplain materials when requested or when I leave the Chaplain Program.

_____ 8. Chaplain Shirt

I understand that the Department-approved Chaplain shirt may only be worn while:

- Providing approved chaplain services to Department employees;
- Attending or assisting with Department-sponsored events;
- Performing authorized chaplain duties; or
- As otherwise approved by the Chaplain Coordinator or Sheriff/designee.

I understand that the Chaplain shirt is **not a police uniform**.

_____ 9. No Self-Deployment

I understand that Chaplains may not self-deploy to law enforcement calls, investigations, critical incidents, or other operations. I will respond only when requested or authorized by the Sheriff or designee.

_____ 10. Active Scenes and Operations

When present at an active scene, investigation, critical incident, or other law enforcement operation, I will follow the directions of sworn personnel and remain within the areas and activities authorized for me.

_____ 11. Department Representation

I will not speak on behalf of the Richland County Sheriff's Department or represent my personal opinions as official Department statements unless specifically authorized to do so.

_____ 12. Media Inquiries

I will not respond to media inquiries on behalf of the Department. I will refer media requests to the Department's Public Information Officer or other authorized representative.

_____ 13. Social Media and Public Communications

I will not use social media or other public communications to represent myself as a sworn law enforcement officer or imply that I have law enforcement authority.

_____ 14. Use of Department Name and Property

I will not use the Department's name, logo, badge, insignia, uniform, identification, or other property in a way that:

- Implies I am a sworn officer or Department employee;
- Implies Department endorsement of a person, business, product, service, organization, political candidate, or personal opinion; or
- Suggests that I am speaking on behalf of the Department without authorization.

_____ 15. Endorsements and Fundraising

I will not use my position as a Volunteer Chaplain to promote, endorse, or raise money for a business, product, service, organization, political candidate, political party, fundraising activity, or personal financial interest.

_____ 16. Personal and Off-Duty Activities

I will not wear or use my Chaplain shirt, identification, badge, or other Department-issued materials for personal, political, commercial, fundraising, or other activities unrelated to authorized chaplain duties.

_____ 17. Conduct

I understand that I am expected to conduct myself in a professional manner that supports the reputation of the Richland County Sheriff's Department and the integrity of the Chaplain Program.

_____ 18. Service at the Will of the Sheriff
I understand that Volunteer Chaplains serve at the will of the Sheriff and may be removed from the Chaplain Program at any time.

_____ 19. Accuracy of Information
I certify that the information I have provided in my application and related documents is true and complete to the best of my knowledge. I understand that providing false, incomplete, or misleading information may result in denial of my application or removal from the Chaplain Program.

ACKNOWLEDGMENT

By signing below, I acknowledge that I have read, understand, and agree to follow the requirements of the Richland County Sheriff's Department Volunteer Chaplain Program.

_____
Applicant/Volunteer Chaplain Printed Name

_____
Applicant/Volunteer Chaplain Signature

_____
Date

_____
Witness Printed Name

_____
Witness Signature

_____
Date

ATTACHMENTS

Please initial to confirm attachment:

_____ Driver's license

_____ Chaplaincy certificate etc.

_____ References

_____ Letter of endorsement

_____ CV/Resume

_____ Demographic information

_____ Consent to drug testing

_____ Background release

_____ Volunteer preferences

_____ Scope of practice acknowledgements

_____ Social Media

_____ Ride-along Packet w/ physical demands, vest info and ride-along requirements

_____ Badge/polo/ expectations and acknowledgements

_____ Letter of Endorsement Attached (Required)