

Background Check Authorization

CHECK ONE: M-2 W-2 Volunteer Special Event Visitor Clergy Vendor/Contractor Tour Other

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

Maiden /Alias Names: _____

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 _____

I hereby authorize the South Dakota Department of Corrections, or its designated agents and representatives, to obtain and review my criminal background. I certify that the information given by me is true, complete, and correct, to the best of my knowledge and belief and made in good faith.

The DOC and its designated agents or representatives shall maintain all information received from this authorization in a confidential manner in order to protect my personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature of Applicant _____ Date _____ Staff Signature _____ Date _____

Printed Name _____ Printed Name _____

FOR OFFICE USE ONLY: Background Check Complete: Yes No (Attach Printouts)

Special Security/Major Signature _____ Date _____ Associate Warden/Designee Signature _____ Date _____
Approved: Yes No

DOC RELEASE AND WAIVER OF LIABILITY

By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks associated with being on DOC property, or participating in DOC activities within the following facilities:

South Dakota State Penitentiary, Jameson Prison Annex, Sioux Falls Minimum Center, Mike Dufree State Prison, Yankton Minimum Center, Rapid City Minimum Center, South Dakota Women's Prison, or Pierre Minimum Center.

I understand that risks associated with such entry and/or participation in DOC activities include, but are not limited to, bodily injury, property loss or damage and death.

By my signature below, on behalf of myself, my heirs, next of kin, successors in interest, assigns, personal representatives, and agents, I hereby:

1. Waive any claim or cause of action against and release from liability the State of South Dakota, its officers, employees, and agents for any liability for injuries to my person or property resulting from such entry and/or participation in DOC activities;

2. Agree to indemnity and hold harmless the State of South Dakota, its officers, employees, and agents for any claims, causes of action, demands, expenses, judgments, fees and costs of whatever kind or character arising from, by reason of, or in connection with my entry to a DOC facility or participation in DOC activities.

I have carefully read this RELEASE AND INDEMNITY AGREEMENT, or had it read to me in a language I fully understand, and I understand all of the terms. I understand I have given up substantial rights by signing this agreement and that 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 me due to accidents, mishaps, misconduct, negligence, or injuries. My signature below has been made freely and voluntarily without any inducement, assurance or guarantee being made.

Name:		Date of Birth:	
Signature:			
Address:			
Date:			

Consent to Search Authorization and Registration

- A. Under the provisions of South Dakota law, the following items are declared contraband inside a correctional institution. Guests will not introduce or attempt to introduce these items into this facility or at any location where an offender is likely to be located while such offender is in the custody and under the jurisdiction of a political subdivision of the State of South Dakota or the Department of Corrections, but not on parole.**
1. Any dangerous instrument: A firearm, explosive device, or substance (including ammunition), knife or sharpened instrument, poison, acid, bludgeon, or projective device, or any other device, instrument, material, or substance which is readily capable of causing or inducing fear of death or bodily injury, the use of which is not specifically authorized.
 2. Alcoholic beverages.
 3. Controlled substances.
 4. Marijuana and/or marijuana products.
 5. Any key, key pattern, key replica, or lock pick.
 6. Any tool or instrument that could be used to cut fence or wire, dig, pry, or file.
 7. Any money or coin of United States or foreign currency or any written instrument of value.
 8. Any un-canceled postage stamp or implement of the United States postal service.
 9. Any counterfeit or forged identification card.
 10. Any combustible material.
 11. Any drug, other than a controlled substance, in quantities other than those authorized by a physician.
 12. Any mask, wig, disguise, or other means of altering normal physical appearance which could hinder ready identification.
 13. Any drug paraphernalia: all equipment, products, and materials of any kind which are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, packaging, repackaging, storing, containing, concealing, injecting, ingesting, inhaling, or otherwise introducing into the human body a controlled substance in violation of the laws of this state.
 14. Any material which is "obscene."
 15. Any chain, rope, or ladder.
 16. Any cigarettes or tobacco products, tobacco substitutes, vaping products or e-cigarettes or vaping liquid.
 17. Any portable electronic communication device including but not limited to cell phones, public, private, or family style radios, pagers, personal digital assistants, any other device capable of transmitting or intercepting cellular or radio signals, and portable computers; except those devices authorized by the Secretary of the DOC.
 18. Any article or thing that poses or may pose a threat to the security of the DOC facility as determined by the Warden of the facility. This will include but not be limited to: matches, cigarette lighters, any substances used for brewing or making intoxicating beverages, any counterfeit or forged medium of exchange, or paraphernalia used to produce this medium, any written message, item or object that is to be sent or brought to another offender, batteries, cameras, film, flashbulbs, flashlights, chewing gum, pets, plant life, or any article or substance that is not specifically allowed by facility procedures.
- B. Penalties:**
1. Anyone violating section A is subject to an investigation and may be barred from the facility and is subject to criminal prosecution.
- C. Declaration of Consent and Waiver:**
1. Any person entering a DOC facility without a permanent DOC ID badge will have a background check completed, prior to entry into a facility or onto DOC owned property. When possible, a completed policy form Consent to Search Authorization and Registration, must be received ten (10) days in advance of the anticipated date of access.
 2. As a condition of entering the property of South Dakota Department of Corrections, I hereby consent to search of my person and/or any of my personal property, or of the person of any minor children accompanying me or of any vehicle that I may bring on the grounds of this facility. I acknowledge that I have the opportunity to leave the facility immediately if I choose not to give this consent to search.

3. I hereby declare that I have read and understand and will abide by the provisions above. I understand that violation of any of the above provisions, or the entering of any false information on this form may result in my being banned from or denied access to any of the South Dakota Department of Corrections facilities.

Section I: Guest Data

Date:	Purpose of Visit/DOC Person of Contact:
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Section II: Guest Vehicle Data

License#	State	Make of Car	Model	Year	Color	
						<i>If you were a passenger, you must identify the car in which you arrived.</i>

Section III: Guest Data

Name (Printed)						
Last:		First:		MI:	DOB:	Sex:
Address:			City:		St:	Zip:
Driver's License#:			State:	Height	Weight	Hair Eyes
Social Security Number: (Optional)						
Company Name If Applicable			Address:			
City:		ST:	Zip:	Phone:	Facility/Office/Destination:	

The information I have provided is correct and I have read and understand the Declaration of Consent and Waiver.

Signature:	Date:
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