



Application for Ministerial Visitation
Greenville County Detention Center

Last Name _____ First Name _____ MI. _____

Home Address: _____ Apt.# _____

City: _____ State: _____ Zip: _____

Date: _____ Driver's License #: _____ SS#: _____

Date of Birth: _____ Home Phone # _____ Cell Phone #: _____

Email Address: _____ Social Media (professional only) : _____

1. Do you have any relatives presently incarcerated in the Greenville County Detention Center?
Yes _____ No _____ If yes, Inmate's Name _____

2. Are you currently listed as a visitor on any inmate's visitor list?
Yes _____ No _____ If yes, Inmate's Name _____

3. Have you ever been convicted of a crime or have criminal charges pending?
Yes _____ No _____ If yes, list charge, date and disposition: _____

4. Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution? Yes _____ No _____ If yes, list facility, date and disposition: _____

5. Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when a victim did not consent or was unable to consent or refuse? Yes _____ No _____ If yes, list charges, date and disposition: _____

6. Have you ever been civilly or administratively adjudicated to have engaged in any of the activities listed in questions 4-5? Yes _____ No _____ If yes, list allegation, date and disposition: _____

7. Religious Preference _____

8. Church Affiliation, Address & Phone _____

9. Ordaining Authority & Date of Ordination _____

10. Please provide the contact information for one professional reference who can verify your Church Affiliation _____

Please attach the following documents to your application:

- Copy of Valid South Carolina Driver's License
- Copy of Certificate of Ordination
- Church affiliation business card and church bulletin wherein your name appears (These must be originals, no copies)

I hereby declare the information provided on this application to serve as a Ministerial Visitor at the Greenville County Detention Center is true and accurate to the best of my knowledge. I understand that willfully submitting false information will result in automatic rejection of my application.

By submitting this application, I authorize the Management of the Greenville County Detention Center to conduct a criminal background investigation to include submission of my fingerprints.

I understand and agree that if I am approved as a Volunteer I will attend a training session prior to being allowed entrance into the facility and I will abide by all rules and regulations of the facility.

Signature _____ Date _____

*The management of the Detention Center reserves the right to disapprove any application for volunteer services at their discretion.

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