

St. Dymas Worship Service Visitor Form

Please read, complete, and submit this page with your access forms

A maximum of 23 visitors are allowed to worship with St. Dymas each Wednesday afternoon within the walls of the SDSF in Sioux Falls. Visitors must be 18 years of age. Visitors are considered volunteers and are REQUIRED to complete:

1. Complete this Service Visitor Form
2. Please completely read the Guidelines for Worship form
3. DOC-Background Check Authorization (2 pages)
4. A DOC-Release and Waiver of Liability form
5. DOC-Consent to Search Authorization and Registration forms

Each form must be filled out **COMPLETELY** (Yes, we MUST have your social security number!) and **CORRECTLY** or you will not be approved to join worship.

Completed forms must be returned to the St. Dymas office **3 weeks** prior to the scheduled visit date.

The forms may be:

1. Scanned and emailed to: Susan@stdymas.com
2. Mailed to St. Dymas Lutheran Church, 1300 E 10th St., Sioux Falls, SD 57103

Items for special music or presentations must be approved in advance.

Please contact the St. Dymas office for more information.

Visitors are invited to join the pastor and, when available, former members of St Dymas following the service for supper, conversation, and a time of fellowship at the Fryn' Pan, 2708 E 10th St., Sioux Falls. Each person pays their own expense. This time provides a chance to visit about your prison experience, an opportunity to ask questions about prison life, and to learn more about the St. Dymas ministry.

If you would like to meet at the Fryn' Pan , please notify Susan 3 weeks prior to your visit day.

Your visit to worship with St. Dymas Congregation is important to the men and they greatly appreciate your attendance!

Date of intended visit _____ Church/Group attending worship with _____

Name _____ Cell Phone _____

Street Address _____

City _____ Zip _____

Email _____ Preferred contact: ___Phone ___Email

Occasionally we have churches or individuals not able to attend. In an effort to utilize the privilege to fill the service with 23 guests may we email or call you when there are openings should you want to join us again?

If so, please mark yes. _____ **Yes**

Questions? Call the St. Dymas office at (605) 338-1735, Pastor Jeff Backer's cell phone at (605) 360-3409, or email Susan@stdymas.com

Guidelines for Worship
St. Dysmas Lutheran Church
South Dakota State Penitentiary (SDSP)
1600 North Drive, Sioux Falls, SD
St. Dysmas office: 605-338-1735

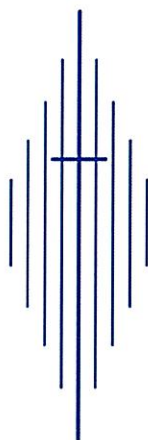
**PLEASE BE IN THE PRISON ENTRANCE - LOBBY
BY 1:15PM.
YOU WILL NEED YOUR DRIVERS LICENSE OR
GOVERNMENT ISSUED PICTURE ID.**

The name on your DOC Access form must appear exactly as it does on your driver's license



- **Your visit to a St. Dysmas worship** is important to the men. They greatly appreciate your attendance! It is a way for them to maintain contact with the outside world, worship with fellow sisters and brothers in Christ, and to know they have not been forgotten. Your time with the men of St Dysmas directly relates to what our Lord speaks of in Matthew 25 and Hebrews 13; to visit those in prison.

- **DRESS CODE** for prison visitation is conservative.
 - Clothing **NOT ALLOWED**: Hats or any headwear (including bandanas), hooded sweatshirts, open-toe shoes, flip flops, shirts/tops of the following nature - tank, spaghetti strap, midriff, tube, shoulder-less, backless, halter, or low cut. No shorts, stretch or yoga pants, tight jeans, dresses/skirts shorter than knee high. Low-rise pants which allow skin or undergarments to be seen may be deemed inappropriate by staff.
- Pockets must be emptied of all items unless pre-approved (keys, wallets, pens, knives, cell phones, candy/cough drops/gum). **Any medications you MUST have with you must be pre-approved.**
- **Items not allowed to be taken into prison:** No gum, food, cameras, purses, coats, pocket-knives, tobacco products, **smart watches, fit-bits, cell phones, beepers**, or any other type of wireless or electronic devices (even if turned off or set to vibrate). They can be left in your car or stored in a locker in the lobby (cost is 25¢).
- Screening and/or pat-down searches are required for all visitors.
- Please be quiet in the Sally Port. If the officer needs to say something it is difficult to talk over others through the glass.
- **Visitors** should sit among the men in small groups of two to three people. **A handshake** is the only allowed physical contact between a visitor and inmate.
- **DO NOT** ask inmates why they are incarcerated, ask for, or accept, an inmate's mailing address, offer help or promise favors. **DO NOT give out your personal information** such as your full name, address or phone numbers to inmates. There are proper channels for inmates and families if they need help.
- **A restroom** is available at the bottom of the stairs in the prison lobby. A restroom is not available once you are inside the secure area, so please be sure you are set before entering the prison.
- Masks are optional for everyone entering the prison. If you are sick or not feeling well, please do not attend.
- For those with limited mobility, please notify us of your needs. We will try to accommodate your needs to attend worship.
- Questions? Call the St. Dysmas office at (605) 338-1735 or Pastor Jeff Backer's cell phone at (605) 360-3409.



St. Dysmas
hope beyond bars

Distribution: Public

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

Full Name (Please Print): _____ DOC Contact's Name: _____

Maiden /Alias Names:

Street Address/P.O. City State Zip Code
Box

Home Telephone Work Telephone Number Cell Phone Number (optional)
Number

Date of Birth Driver License Number # State Issuing Driver 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 Date Staff Signature Date
Applicant

Printed Name Printed Name

Non-Custody Background Information

Reason for Entry: _____ Soc. Sec. #: _____ - _____ - _____

Office Use Only:
Background Check Complete: Yes No (Attach Printouts)
NCIC Investigation form and visit list check completed by: _____
Has this individual's name ever appeared on an inmate visit list? _____ yes _____ no
(If yes, attach visit list details)
Has this individual's name ever appeared on an inmate phone list? _____ yes _____ no
(If yes, attach phone list details)
Signature _____ Date _____
Reviewed and Approved: ___ yes ___ no
Signature/AW or Major _____ Date _____
Reviewed and Approved: ___ yes ___ no
Signature/Warden _____ Date _____
Approved: Yes No

SECURITY QUESTIONNAIRE

Distribution: Public

Please answer the following questions to the best of your knowledge. If you have any questions or you are unclear about a question, please discuss it in the interview.

- 1. Have you ever been convicted of a felony or misdemeanor? __yes __no
- 2. Have you ever been convicted of any misdemeanor crime related to domestic violence? __yes __no
- 3. Have you been charged with a felony or misdemeanor in which a conviction determination is pending? __yes __no
- 4. Have you ever been convicted of DUI, DWI, or a related offense? __yes __no
- 5. Have you ever engaged in any sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? __yes __no
- 6. 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 if the victim did not consent or was unable to consent or refuse? __yes __no
- 7. Have you ever been civilly or administratively adjudicated to have engaged in the activities described in the previous question? __yes __no
- 8. Do you know anyone incarcerated in a correctional facility? __yes __no
- 9. Do you know anyone who has ever been incarcerated in a correctional facility? This includes anyone who is or has been on parole. __yes __no
- 10. Have you ever served as a sponsor for an offender? __yes __no
- 11. Do you know anyone who works for the South Dakota Department of Corrections (SDDOC), or has ever worked for the SDDOC? __yes __no
- 12. Do you use illegal drugs of any type? __yes __no
- 13. Have you ever been terminated for cause from any job? __yes __no
- 14. Have you ever been in the United States military service? __yes __no
- 15. If so, have you ever been discharged from the United States military service under less than honorable conditions? __NA __yes __no

If you answered yes to any of the questions above, list the number of the question and explain:

I certify that the information I have provided is true, correct, and complete to the best of my knowledge and belief. I understand that misrepresentation, falsification, or omission of facts called for in this questionnaire is cause for cancellation of my application.

Signature _____ Date _____

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 Duffee 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 indemnify 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:	
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Signature:	
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Address:	
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Date:	
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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 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 un-canceled postage stamp or implement of the United States postal service.
8. Any counterfeit or forged identification card.
9. Any combustible material.
10. Any drug, other than a controlled substance, in quantities other than those authorized by a physician.
11. Any mask, wig, disguise, or other means of altering normal physical appearance which could hinder ready identification.
12. 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.
13. Any material which is "obscene."
14. Any chain, rope, or ladder.
15. Any cigarettes or tobacco products, tobacco substitutes, vaping products or e-cigarettes or vaping liquid.
16. 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.
17. 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, 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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