SOUTH CAROLINA COMMISSION ON INDIGENT DEFENSE
SOCIAL WORKER/FAMILY ADVOCATE APPLICATION

Full Name: _____

Address: _____

Phone number: _____ Cell Number: _____

Email: _____

EDUCATION:

Degree(s) Type: _____

Course Major: _____ Year Received _____

Degree(s) Type: _____

Course Major: _____ Year Received _____

Do you have a Social Work License from LLR: Yes No (Circle One)

Type of License and License Number: _____
NOTE: COPY OF YOUR LICENSE MUST BE SUBMITTED WITH APPLICATION.

EXPERIENCE: What is your experience in child welfare cases?
(Please provide Employer, Date of Employment and Job Title. Attached additional pages if needed)

_____

_____

_____

Circle counties you are available to accept work in:
Aiken *Beaufort* *Georgetown* *Spartanburg* *Sumter*

I hereby swear or affirm that I have read and agree to follow the Social Worker/Family Advocate guidelines and policies adopted by the South Carolina Commission on Indigent Defense.
I understand this Application does not create the relationship of agent, servant, employee or any other association with SCCID. I will be solely the agent for the Attorney with whom I have agreed to perform social work support services. The sole purpose of this application is to screen me to insure I meet the requirements of the SCCID Social Worker/Family Advocate Policies.

_____ _____
Applicant Signature **Date**