



# VOLUNTEER APPLICATION

(Overnight Chaperons, Volunteer Tutors,  
Volunteer Coaches, Band/Step Assistants)

<b>School Use:</b>	
Personnel issuing form: _____	
School issuing form: _____	
<b>Verified Official ID &amp; Copy Attached To Application: ____/____/____ By: _____</b>	
<b>Sent to A. White /Office of Information: ____/____/____ By: _____</b>	
<b>District Office Official Use:</b>	
Sent to HR _____	By: _____
Approved/Denied _____	By: _____

1. Please complete form in BLUE or BLACK ink.
2. Please attach a copy of official photo ID (ex. Driver's license).
3. Please return completed form to the school Volunteer Liaison.

## Section. I

<b>Full Legal Name:</b>		
Last	First	Middle
Home Street Address		Apartment Number
City	State	Zip Code
Home Phone Number	Business Phone Number	E-Mail Address <b>(home or business - please circle one)</b>

**How do you prefer to be contacted?**     Phone (business or home)     US Mail     E-Mail

## Section. II

**Please circle the name of the school in which you would like to serve:**

Academy For Success	Chapin Middle	Harbison West Elementary	Lake Murray Elementary	Seven Oaks Elem
Ballentine Elementary	CrossRoads Intermediate	H.E. Corley Elementary	Leaphart Elementary	Spring Hill High
Chapin Elementary	Dutch Fork Elementary	Irmo Elementary	Nursery Road Elementary	The Center
Chapin High	Dutch Fork High	Irmo High	Oak Pointe Elementary	
Chapin Intermediate	Dutch Fork Middle	Irmo Middle	River Springs Elementary	

<p><b>Areas of Interest:</b> (Please check all that apply)</p> <input type="checkbox"/> Chaperone – Overnight Trip Date of Trip: _____ Name of Trip: _____ <input type="checkbox"/> Volunteer Tutor <input type="checkbox"/> Volunteer Coach <input type="checkbox"/> Band/Step Team Assistant <input type="checkbox"/> Other, Please specify _____	<p>Please describe what type of volunteer work you will be doing:</p>
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## Section. III

**Personal Information** (\*This information is needed to complete mandatory background checks.)

*Last 4 digits of SS#	*Date of Birth	*Place of Birth	*Race	*Sex
Education (check all that apply) <input type="checkbox"/> High school graduate <input type="checkbox"/> Undergraduate degree <input type="checkbox"/> Graduate School School _____    School _____ Major _____    Major _____				

**References:** Please list two people other than relatives who would be willing to serve as personal references.

1. Last Name	First Name	Relationship
Street Address (& Apt. Number)		Daytime Phone Number
City	State	Zip Code



2. Last Name	First Name	Relationship
Street Address (& Apt. Number)		Daytime Phone Number
City	State	Zip Code

How did you find out about District Five's Volunteer Programs?
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I certify that the information given on my application is correct and complete. I understand that false statements on this application shall be considered sufficient to eliminate me from participating in all District Five's Volunteer programs.

Authorization is hereby given to School District Five of Lexington and Richland Counties to investigate my records with employers, schools and law enforcement, and I further agree that any person or agencies that provide information about me will not be liable to me or anyone else for sharing that information.

I understand and agree that my application could be submitted to the SC Law Enforcement Division (SLED) for a background check, a sex offender background check and the Department of Social Services (DSS Child Abuse Registry), and that based on information received from either agencies, I may not be permitted to become a volunteer.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

6/24/15