School Volunteer Application

Date _____
❑ Application approved
❑ Application denied

Safety/Transportation Office

Personal information

Last name _____ First _____ Middle _____ Child's name _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ Social Security Number _____ Date of birth _____

❑ Yes ❑ No Are you currently an employee of the school district?

❑ Yes ❑ No Have you previously been a volunteer with the school district?

- If so, where and how long? _____
- In which school are you requesting to volunteer? _____
- In which area are you serving? ❑ Sports ❑ Mentoring ❑ Band ❑ Classroom ❑ Office

❑ Junior Achievement ❑ Field trips ❑ Other _____

Criminal history

❑ Yes ❑ No Have you been convicted, plead guilty or entered a plea of no contest in a criminal action? (Include fraudelent checks, driving under the influence and other misdemeanors, If you are unclear if something applies, please ask for clarification)

- If so, please complete the chart below.

Offense	Date of conviction	Place of conviction

❑ Yes ❑ No Have you been found guilty or responsible for any crime against a child under 18, to include abuse, neglect, assault, contributing to the delinquency of a minor or any lewd act?

- If so, please complete the chart below.

Offense	Date of conviction	Place of conviction

Authorization

I understand that I am submitting this application to the Lancaster County School District so that my background may be screened to ensure that I meet the criteria to work with students.

I understand that by submitting this application I authorize and release the Lancaster County School District to verify the information submitted on this form.

I understand that a previous criminal conviction is not an automatic disqualification to be a volunteer.

I further understand that any misstatement of fact or omission on this form would be an automatic disqualification or reason for removal.

Signature _____ Date _____

Disclaimer: Please allow a minimum of 30 days to process background checks. Normally, it may not take the full 30 days, but please allow at least 30 days for processing

References

Please list two personal references we may contact.

Name	Phone #	Relationship to you

For school use only

School sending application _____

Questions concerning this application referred to _____

White– S/T director • Yellow– S/T admin. asst. • Pink– school

LANCASTER COUNTY SCHOOL DISTRICT
Putting our children first

Safety / Transportation Office, 300 South Catawba Street, Lancaster, SC 29720 Phone: (803) 285-6009