



THE SCHOOL DISTRICT OF CHESTER COUNTY

509 DISTRICT OFFICE DR.
CHESTER, SOUTH CAROLINA 29706

Application for Volunteer Services

Current employees of Chester County School District do not need to submit an application.

Prior to applicant's approval of volunteer service, the District will request a criminal background check of past actions. For this reason, information about the date of birth, gender, and race is requested as a part of the application process.

Applicant Information			
Full Legal Name:			
(last)	(first)	(middle)	(maiden name if applicable)
Address:			
<i>Street Address</i>	<i>Apt. #</i>	<i>City/State/Zip Code</i>	
Social Security Number:		Date of Birth:	
		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnicity:			
<input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other			
Phone:		E-mail Address:	
Are you a current Winthrop or York Tech University Student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the name of your class and Instructor that you are volunteering for:	Days and Times Available: <i>(please list):</i>	Areas of Interest: <i>(check or circle all that apply)</i> <input type="checkbox"/> Tutor <input type="checkbox"/> Mentor <input type="checkbox"/> Lunch Buddy <input type="checkbox"/> Business Partner <input type="checkbox"/> Chaperone <input type="checkbox"/> Classroom Helper <input type="checkbox"/> School Support Helper (office) <input type="checkbox"/> Other <i>(please specify below):</i>	Are you a parent/guardian of a Chester County School District student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide: Student Name _____ School _____
Select the location(s) where you would like to volunteer:			
Elementary <input type="checkbox"/> Chester Park Elementary School of the Arts <input type="checkbox"/> Chester Park Center of Literacy Through Technology <input type="checkbox"/> Chester Park Elementary School of Inquiry <input type="checkbox"/> Lewisville Elementary <input type="checkbox"/> Great Falls Elementary	Middle <input type="checkbox"/> Chester Middle School <input type="checkbox"/> Lewisville Middle School <input type="checkbox"/> Great Falls Middle School	High Schools <input type="checkbox"/> Chester High School <input type="checkbox"/> Lewisville High School <input type="checkbox"/> Great Falls High School <input type="checkbox"/> Chester County Career Center	Programs <input type="checkbox"/> Adult Education <input type="checkbox"/> The Learning Center
Driver's License/State ID #:			
Have you ever been convicted of a crime (including serious traffic violations): <input type="checkbox"/> Yes <input type="checkbox"/> No <u>If yes,</u> please explain:			

Please list all addresses lived within the past 5 years starting with the most current :

<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Dates</u> <u>(Month/Year)</u>
1.				
2.				
3.				
4.				
5.				

Chester County School District Disclaimers

Chester County Schools reserves the right to deny a request for volunteer services if a determination is in the best interest of student(s). This determination is within the sole discretion of the district. *(Initial here)* _____

Disclaimer and Signature

My statements set forth in this application are true and complete. I understand that any false statements or omission of facts may be cause for dismissal from service. I give authorization to Chester County School District to conduct an investigation into my background and understand that this is part of the requirement prior to becoming a volunteer in the school district. I understand that Chester County School District will not be responsible for any personal injury or property loss that may occur to me while performing volunteer services. I also understand that I will not receive any monetary compensation from Chester County School District, individual employees, or anyone else for serving as a volunteer. In connection with my application as a volunteer, I understand that investigative reports which may contain public record information about me will be obtained. These may include criminal or driving records. Further, I understand that the Chester County School District will be requesting from various Federal, State, and Local agencies regarding my past activities. I also understand that information regarding sex, race, and date of birth is requested for the sole purpose of gathering the above information correctly and will not be used to discriminate against me in violation of any law. I further authorize ongoing procurement of the above mentioned reports at any time during my volunteer service.

Signature:

Date:

Please Note: PROCESSING WILL TAKE UP TO ONE MONTH. Applicants will be notified directly from the Office of Instruction via Email or US Mail.

Please submit this form to the office at the school in which you would like to volunteer.

Principal's Signature of Approval _____

DISTRICT OFFICE USE ONLY

_____ *Approved* _____ *Denied*

District Office Administrator's Signature _____

Date Letter Sent _____