

For Office Use Only:      Date Received \_\_\_\_\_

Lee County School District  
Bishopville, South Carolina



### Application for Volunteer Services

Full Legal Name: \_\_\_\_\_  
Last (please also list Maiden if applicable)      First      Middle Initial      Maiden

Present Address: \_\_\_\_\_  
Street

City      State      Zip Code

Telephone: \_\_\_\_\_      Alternate Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_      Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Driver's License/State ID (please attach a copy): \_\_\_\_\_  
Number      State

Gender:     Male     Female

Ethnicity:     Asian     African American/Black     Caucasian/White     Hispanic/Latino     Other

Have you ever been convicted of a crime including serious traffic violations? \_\_\_\_\_

If yes, explain charge, date and disposition: \_\_\_\_\_

Available Dates & Times (please list): \_\_\_\_\_

Please select the location(s) where you would like to volunteer:

- Bishopville Primary School                       Career & Technology Center                       Lower Lee Elementary School
- Lee County Academic Learning Ctr.                       Lee Central High School                       West Lee Elementary School
- Lee County Adult Education                       Lee Central Middle School

Areas of Interest (please check all that apply):

- Tutor                       Mentor                       Chaperone                       Classroom Helper                       School Support Helper

Other (please specify): \_\_\_\_\_

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 (mm/year)</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

## Lee County School District Disclaimers

Lee County School District 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*)

**Orientation and Certification:** All volunteers must be screened by the Office of Communications and oriented by schools before engaging in services with Lee County Schools. \_\_\_\_\_ (*initial here*)

**Adherence to State Law and Lee County School District's Policies:** All volunteers shall adhere to Federal and State Laws and Lee County School District's policies in working with students under the supervision of the school district. \_\_\_\_\_ (*initial here*)

### Disclaimer and Signature

**THIS APPLICATION IS NOT COMPLETE WITHOUT A SIGNATURE BELOW.** 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 Lee 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 Lee 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 Lee 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 by Lee County School District. These may include criminal or driving records. Further, I understand that Lee 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 services.

Date \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal

**Please note: PROCESSING MAY TAKE UP TO TWO (2) WEEKS.**

**Please submit this application to the principal  
of the school where you would like to volunteer**

*Lee County School District does not discriminate on the basis of race, gender, disability, age, religion, immigrant status, or national origin in its educational programs and employment practices. Questions pertaining to Section 504 inquiries, may be directed to the Section 504 Coordinator, the Director of Programs for Exceptional Children. Questions pertaining to Title IV & Title II, may be directed to the Title IV Coordinator, Dr. Jeffery Long, Director of Human Resources & Communications at P.O. Box 507, Bishopville, SC 29010.*