

Georgetown County School District
2018 Church Street, Georgetown, SC 29440
VOLUNTEER INFORMATION

Student: _____
Grade: _____
Parent: _____ Yes _____ No

Date of Application _____ School _____ Volunteer Role _____
 Last Name _____ First Name _____ Middle _____
 Maiden Name _____
 Date of Birth _____ Sex _____ Race _____ Social Security Number _____ (Required)
 Street, PO Box _____
 City _____ State _____ Zip Code _____
 Telephone Number _____ E-mail _____

List your current or most recent job:

Place _____ Type of Work _____ Date(s) _____
 City _____ State _____ Zip _____
 Supervisor _____ Telephone Number (s) _____

References

Please list two individuals who know you well and can attest to your character, skills and dependability. Former employers are preferred. References should not be relatives. By supplying this information, you grant us permission to contact the individuals listed.

Name	Position	Telephone Number (required)
1.		
2.		

In the event of an emergency, please contact:

Name _____ Relationship _____
 Street, PO Box _____
 City _____ State _____ Zip Code _____
 Telephone Number _____

1. Have you ever been convicted of a misdemeanor or felony other than minor traffic violation? Yes No
2. Have you ever been employed with Georgetown County School District? Yes No
3. Have you ever been dismissed or asked to resign from employment with Georgetown County School District or any other school districts? Yes No

I certify that the information provided on this volunteer information form is true and complete to the best of my knowledge. I agree that falsified information or significant omissions may disqualify me from further consideration as a volunteer in Georgetown County Schools and may be considered justification for removal if discovered at a later date.

I also acknowledge and agree that the District may check for my name on the Local and National Sex Offender Registry and may contact my employer for the sole purpose of obtaining any information that would be relevant to my suitability as a school volunteer. I understand that the District may not permit me to volunteer based on information received from the Registry and from my employer about my suitability as a school volunteer.

I authorize the District to request a criminal records check through the South Carolina Law Enforcement Division (SLED), and I also understand that my ability to serve as a volunteer in the District is conditioned upon receipt of a satisfactory SLED report.

 Signature Date _____

(Send this form to Shanika Stafford in HR Department)

Revised 2/2011