



# VOLUNTEER/CHAPERONE FORM

## School District of Newberry County

**PLEASE PRINT LEGIBLY**

**COMPLETE IN FULL**

<b>\$26.00</b>
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School Name:		Teachers Name:	
Students Name:		Volunteer/Chaperone's Social Security Number:	
Last Name:	First Name:	Middle Name:	(Maiden Name):
Street Address:		Date of Birth:	Sex: (Please circle one) Female                  Male
City:		Email Address:	
State:		Home Phone: (with area code)	
Zip:		Cell Phone: (with area code)	
Have you lived out of state within the last ten years? (Please circle one)    Yes    No    If yes, which state(s)_____			

*Please read the following statement and sign the bottom of the form indicating you have read and agree with the statement regarding Volunteering in the School District of Newberry County:*

- I wish to volunteer in the School District of Newberry County and do hereby certify that I have no medical issues which would prohibit my ability to serve as a volunteer.
- I also certify that I have no arrest history/legal issues which would concern the school district and that I understand that I am subject to background investigation.
- I also understand that while serving as a volunteer/chaperone I am responsible for the children under my care and I will refrain from smoking, drinking, profanity, possession of a weapon, and other behaviors not appropriate for the care of children.
- I understand that while serving as a volunteer/chaperone I am obligated to participate with the entire group for the duration of the specific activity.

Volunteer/Chaperone Signature:	Date:
Principal Signature:	Date: