



VOLUNTEER/CHAPERONE FORM

School District of Newberry County

PLEASE PRINT LEGIBLY

COMPLETE IN FULL

School Name:		Teachers Name:	
		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:

