

**Make Copies for Applicant to Submit to Other Schools**

**Greenville County Schools  
Volunteer Application  
(Persons Other than Parents/Guardians)**

Greenville County Schools values the positive impact of volunteers and appreciates your interest in supporting our schools. To enhance safety, the GCS Volunteer Application Process includes an annual background check against the SC Sex Offender Registry. Please complete this application and submit during a school volunteer orientation or to the school office. Photo ID (state issued driver's license or identification card) must be presented at time of application to verify your identity. Please note Volunteer Application and photo ID must be submitted to each requested school. Please provide a minimum of two weeks to process your application.

School: \_\_\_\_\_ School Year: \_\_\_\_\_

Relationship with School:    \_\_\_ Relative of Student (Student's Name: \_\_\_\_\_)  
  \_\_\_ Business/Organization Partner (Name: \_\_\_\_\_)

**Personal Information**

Full Legal Name: \_\_\_\_\_

Address (incl. zip): \_\_\_\_\_

Mailing Address (incl. zip): \_\_\_\_\_

Telephone #: Day \_\_\_\_\_ Night \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact(s): \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Business/Organization Information (If Volunteering Through Business/Organization)**

Business/Organization Name: \_\_\_\_\_

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

Supervisor's Name: \_\_\_\_\_

Supervisor's Work Telephone #: \_\_\_\_\_

**OFFICIAL USE ONLY: Please Do Not Write Below this line.**

\_\_\_\_ Photo ID verified at time of application. (Verified By: \_\_\_\_\_)

Signature of School Staff Member

\_\_\_\_ Principal interview completed (If applicant not known, or if a new volunteer)

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

Background check completed.

\_\_\_\_ Volunteer applicant approved and forwarded for assignment.

\_\_\_\_ Volunteer applicant NOT approved.

\_\_\_\_\_  
Signature of Principal or Designated School Administrator

\_\_\_\_\_  
Date