

School Volunteer Application

Name _____
Last First Middle

Maiden or Other Legal Names

Address _____
Street City State Zip Code

Date of Birth _____ Information Verified by Picture I.D.

Years residing in SC ____ States in which you resided prior to SC _____

Day Phone Number: (____) _____ Cell Phone Number: (____) _____

Emergency Contact: _____ (____) _____

School(s) I plan to volunteer for _____

I understand that SC State Law requires that I undergo a check against the National Sex Offenders registry prior to my participation as a volunteer.

Signature of Applicant _____ Date _____

For Office Use Only _____

Applicant Approved; No record for applicant on National Sex Offenders registry

Applicant Not-Approved; Record for applicant on National Sex Offenders registry

Further Information Required to Process _____

Date Registry Checked _____

Checked By _____