

Application for Volunteer Services

PLEASE PRINT LEGIBLY IN BLACK OR BLUE INK

****Office Use Only****

SLED _____ Orientation Date _____
Sexual Registry _____ Training Date _____
National _____

Areas of Interest:

☐ Tutor ☐ Mentor ☐ Other _____

Choice of School:

Aiken County

☐ North Aiken Elementary

Barnwell County

☐ Barnwell Elementary

Beaufort County

☐ Whale Branch Elementary

Charleston County

☐ Goodwin Elementary

☐ Oakland Elementary

Darlington County

☐ Brunson-Dargan Elementary

Jasper County

☐ Ridgeland Elementary

Fairfield County

☐ Kelly Miller Elementary

☐ McCrorey-Liston Elementary

Lexington County

☐ Claude A. Taylor Elementary

Calhoun County

☐ St. Matthews K8 Elementary

Richland County

☐ Conder Elementary

☐ Carver Lyon Elementary

☐ Gadsden Elementary

☐ Horrell Hill Elementary

☐ JP Thomas Elementary

Name _____
(Last) (First) (MI)

Street Address _____

City, State _____ Zip _____

Mailing Address _____

(If different from street address)

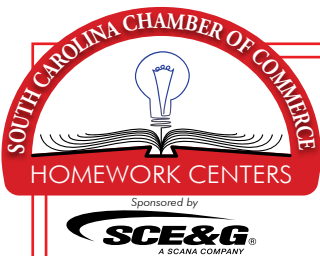
City, State _____ Zip _____

Home Phone _____ Work Phone _____ E-mail _____

Social Security Number _____ - _____ - _____ Date of Birth _____ Sex M F

(Required by agencies conducting background checks)

(Circle)



Application for Volunteer Services (cont'd)

Race: ☐ Black ☐ White ☐ Hispanic ☐ Asian ☐ Other _____

Have you ever lived outside the state of South Carolina? Yes No
(Circle)

Areas of Interest _____

Previous Volunteer Experience _____

References: Please provide information for two people who are not related to you. SC Home Work Centers reserves the right to contact references during the background check investigation.

Name _____ Phone Number (____) _____

Mailing Address _____

Name _____ Phone Number (____) _____

Mailing Address _____

Have you ever been convicted of a felony? ☐ Yes ☐ No
[If yes, give date(s), charge(s) and dispositions(s).]

** SC Home Work Centers reserves the right to deny a request for volunteer services if a determination is in the best interest of student(s). This determination is within the sole discretion of SC Home Work Centers. _____ (initial here)

Do you have any medical concerns that may interfere with your volunteer capabilities? ☐ Yes ☐ No
(If yes, please explain)

Orientation and Certification: All volunteers must be screened and oriented by the State Department of Education and must sign the Volunteer Agreement BEFORE engaging in services with SC Home Work Centers.

My statements set forth in the application are true and complete. I understand that any false statements or omission of facts may be cause for termination. I give authorization to SC Home Work Centers to conduct an investigation into my background and understand that this is part of the requirement prior to becoming a volunteer. I understand that The School District will not be responsible for any personal injury or property loss that may occur to me while performing volunteer services. I also understand that I will not receive any compensation from the SC Home Work Centers program or the individual or anyone else for serving as a volunteer.

Signature _____ Date _____