

2019-2020








Volunteer Agreement

My statements set forth in this application are true and complete. I understand that all volunteers must be screened to ensure the safety of students in Dorchester School District Two.

I understand that, as a volunteer, I may be asked to submit to a background check from the South Carolina Law Enforcement Division (SLED) and the National Sex Offender Registry. *(For those positions requiring background checks, applicants will be notified and asked to provide consent for this investigation.)*

I understand that all volunteers must adhere to state laws and Dorchester School District Two policies in working with students under the direction of the school staff.

I agree to adhere to the following Dorchester School District Two guidelines:

-  All volunteers who will work with children or when children are present should attend a Volunteer Orientation Session before beginning their volunteer duties.
-  All volunteers must work with students under the immediate supervision and direction of a teacher or other school staff.
-  All volunteers must sign in and sign out when volunteering in any Dorchester School District Two school.
-  All volunteers must wear some form of identification (name badge, volunteer button, etc.) at all times when volunteering.
-  Volunteers are not to assume those duties that are the official responsibilities of paid staff.
-  Volunteers will not be placed in the position of having access to student records. Volunteers may only see those records that pertain to their own children.
-  Volunteers are reminded that individual student information is protected by federal privacy laws.

I understand that it is unlawful to contribute to the Delinquency of a Minor (SS 16-17-490). A person suspected of such activity in district schools will be reported to law enforcement.

I understand that volunteer programs in all Dorchester School District Two Schools are under the direction of the school principal.

I understand that I will not receive any compensation from Dorchester School District Two, the school or any individual for serving as a volunteer.

My statements set forth in this application are true and complete. I understand that any false statements or omission of facts may result in termination.

My signature below indicates that I agree to adhere to all Dorchester School District Two and school policies and guidelines pertaining to the volunteer program.

Signature _____

Date _____

IMPORTANT NOTICE: This application cannot be processed unless signed and dated. All volunteers who have contact with students **MUST** complete this form and up-to-date forms **MUST** be on file in the school office.



DORCHESTER SCHOOL DISTRICT TWO

APPLICATION FOR VOLUNTEER SERVICE

Name _____
(LAST) (FIRST) (MI)

Gender (Required by SLED) _____ Date of Birth _____

Home Address _____

City _____ State _____ ZIP _____
(Required)

Home Phone # _____ Work Phone # or Cell Phone _____

E-mail Address _____

Employer _____ Occupation / Title _____

School _____

Name(s) and Grade(s) of Child(ren) Who Attend This School _____

AREAS OF INTEREST

- | | | |
|---|--|---|
| <input type="checkbox"/> Test Monitor | <input type="checkbox"/> School Office | <input type="checkbox"/> Media Center / Library |
| <input type="checkbox"/> Tutor | <input type="checkbox"/> School Newsletter | <input type="checkbox"/> Serve on PTA Committee |
| <input type="checkbox"/> Special Events (<i>Field Day, PTA Events, Book Fair, etc.</i>) | <input type="checkbox"/> Classroom Parent | <input type="checkbox"/> Mentor |
| <input type="checkbox"/> Other (please explain) _____ | | |

Days / Hours Available for Volunteer Work _____

Previous Volunteer Experience _____

In case of emergency, notify _____

Phone # _____ Relationship _____

Have you ever been convicted of a felony? (*Includes Fraudulent Checks and DUIs*) YES NO
If YES, give date(s), charge(s), and disposition(s).

