

2018-2019 Volunteer Form

*This form must be completed **2 weeks prior** to volunteering in any capacity in Lexington District Three.*

Please print in ink & submit clear copy of driver's license

*** Indicates required information**

* _____ *Social Security # _____ - _____ - _____
 Name of Volunteer/Chaperone/Service Provider

*Home Address _____ *Birth Date ____/____/____

*City/State/Zip _____ *Email _____ *Gender: ___ Male or ___ Female

Phone # _____ School _____ Organization _____

___ School/Classroom Volunteer ___ Chaperone for Trip ___ Overnight Trip ___ Booster Club ___ Mentor

Have you ever been convicted of a felony? ___ Yes ___ No Date _____

If a Background Investigation Bureau report is not clear and needs further processing, it is the volunteer's responsibility to pay for the report and meet set guidelines. Final approval will be determined by the Superintendent.

Thank you for giving your time and talents to the students of our district. As a volunteer, you're agreeing to offer the utmost care in supervising and working with students. In addition, you are functioning as a role model for our students.

I will abide by all standards, expectations, and student rules of Lexington County District Three as written in the student handbook. The following rules in the Student Handbook have especially been pointed out to me:

I will not

- use profanity, inappropriate language, or gestures
- possess, use, or distribute tobacco products, alcohol, or illegal drugs & will not give any type of medication to a student

I will

- act as a responsible adult to ensure optimal supervision of students
- control my attitude and behavior at all times
- act as a role model for students and will show honesty
- wear attire deemed appropriate by the school administration and in keeping with student expectations for dress
- respect the feelings and property of others

Chaperones may ride the bus for trips if numbers permit, but only current Lexington District Three students who are participating in the field trip are required to ride the bus.

My signature certifies that the information is true, accurate, and complete to the best of my knowledge. I agree that a Background Investigation Bureau and sex offender check may be obtained based on my submission. **Any misrepresentation or willful omission of a fact shall be sufficient cause for permanent disqualification as a volunteer, chaperone, or mentor of Lexington District Three.** A current driver's license or ID from Motor Vehicle Dept. is attached to this document. I am in agreement with the statements and expectations listed above. If a Background Investigation Bureau check is not clear, the school will be notified by Jessica Frye. After notification, it is the chaperone's responsibility to provide the district with a copy of their report & pay SLED directly for services rendered. All volunteers/chaperones/service providers will be approved by the Superintendent.

_____ Volunteer/Chaperone/Service Provider Signature	Date _____
_____ Administrator/Teacher/Organizational Leader Signature	Date _____
Note: _____	