

Horry County Schools Volunteer Application

Volunteer Name: (Last) _____ (First) _____ (Middle Initial) _____

School(s) of choice: _____

Address: _____ City: _____ State: _____

Phone: _____ Email: _____

Gender: Male Female Date of Birth: _____

1. Have you ever lived outside the state of SC? Yes No If yes, please provide Social Security Number for background check purposes: _____

2. Have you ever been convicted by federal, state, or other law enforcement authorities or pleaded nolo contendere (no contest) for violation of any federal law, state law, county or municipal law, regulation, or ordinance, including fraudulent checks (do not include any offense or minor traffic violations for which a fine of \$30 or less was imposed)? Yes No
If yes, please provide a written description of offense:

3. Please indicate volunteer interests by circling all that apply:

Fieldtrip Chaperone (including over night) Mentor /Reading Buddy Non-Parent Volunteer
Small Group Leader Office/Media/Classroom Helper

By signing below, I authorize a criminal background check to be conducted and hereby agree to abide by the confidentiality requirements pertaining to students and staff as mandated by Horry County Schools.

Volunteer's Signature

Date

Principal's Signature

Date