

Volunteer Application

PLEASE TYPE OR PRINT IN BLACK INK – ALL SECTIONS MUST BE COMPLETED

Contact and Basic Information

Date: _____

Full Name: _____

E-mail: _____

Mailing Address: _____

City: _____

Zipcode: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Business Phone: _____

City: _____

Zipcode: _____

Date of Volunteer's Availability: _____

School: _____

Event: _____

(if applicable; examples may include field trip, site, etc.)

Child's Name: _____

(if applicable)

Age *(please circle)*: Under 21 21-55 56 and Older

Gender *(please circle)*: Male Female

References

Please list two people who know you well and can attest to your character, skills and dependability. Former employers are preferred. References should not be relatives. By supplying this information, you grant us permission to contact the individuals listed.

Name	Position	Telephone number (required)
1.		
2.		

Background Information

	YES	NO
Have you ever been employed by the Charleston County School District? (If yes, when?)		
Have you ever been dismissed or asked to resign from CCSD or another employer?		
Have you been convicted of a criminal offense? (If yes, when?)		
Have you ever had a driving violation? (If yes, when?)		

Educational Background

Highest Level of Education Completed: _____

Advanced Education or Special Skill Training: _____

Previous Volunteer Experience: _____

Special Skills, Hobbies, and Talents: _____

Community Affiliations: _____

Volunteer Objectives

Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Learn new skills | <input type="checkbox"/> Meet and work with people |
| <input type="checkbox"/> Explore careers | <input type="checkbox"/> Help someone out |
| <input type="checkbox"/> Use existing skills | <input type="checkbox"/> Have fun and relaxation |
| <input type="checkbox"/> Give back to the community | <input type="checkbox"/> Do meaningful work |
| <input type="checkbox"/> Other, please list: _____ | |

Volunteer Opportunities

Please check all opportunities which interest you:

- | | |
|--|--|
| <input type="checkbox"/> One-on-one Mentoring | <input type="checkbox"/> Group Mentoring |
| <input type="checkbox"/> Being a Career Advocate | <input type="checkbox"/> Serving as a Lunch Buddy |
| <input type="checkbox"/> Academic Tutoring | <input type="checkbox"/> Coaching |
| <input type="checkbox"/> Assisting with Technology (Computers) | <input type="checkbox"/> Being a Classroom Speaker |
| <input type="checkbox"/> Assisting the Teacher in a Classroom | <input type="checkbox"/> Reading to a Class |

Time Commitment & Availability

Approximate Number of Hours Available Each Week: ____ Hours

Day(s) Available: ____ Monday ____ Tuesday ____ Wednesday
 ____ Thursday ____ Friday ____ Weekends

Time Preference: ____ Morning ____ Afternoon ____ Evenings

Emergency Contact Information

In case of an emergency, notify:

Relationship: _____ Phone: _____

Signature

Charleston County School District is relying on the accuracy of the applicant's response. Discovering information to the contrary is grounds for immediate dismissal.

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment to or promise of volunteer opportunity. I understand that information I provide on this form will be held confidentially by the Human Resources Department.

My signature below certifies that I understand that if I misrepresent or omit any information as requested on this volunteer application and/or during the processing, such misconduct is cause for forfeiture of volunteer consideration and/or termination of volunteer opportunity. I herewith authorize Charleston County School District to request and receive confidential release of documentary materials relating to me, regardless of physical form or characteristics, prepared, owned, used, in the possession of, or retained by (1) educational institution I have attended, (2) previous employers of mine, and (3) city, county, state and federal law enforcement authorities. Conviction of a felony is not an automatic bar for volunteer consideration. The district will consider the nature and date of the offense. If you are concerned about a previous problem, please inform the school district.

I grant permission to Charleston County School District to check with appropriate authorities and run a criminal background check on matters of record regarding my background and history.

As a volunteer, I understand that confidential information about a student may be shared with me. I understand that any information about a student is not to be discussed with anyone other than the teacher or other staff members responsible for the education of the student.

Signature: _____ Date: _____