

Georgetown County School District
2018 Church Street, Georgetown, SC 29440

VOLUNTEER INFORMATION

**All sections must be
completed**

Teacher: _____
Student: _____
Parent: Yes or No (Please Circle)

Date of Application _____ School _____ Volunteer Role _____

Last Name _____ First Name _____ Middle _____

Maiden Name _____

Date of Birth _____ Sex _____ Race _____ Social Security Number _____ (Required)

Street, PO Box _____

City _____ State _____ Zip Code _____

Telephone Number _____ E-mail _____

Cell Phone Number _____

List your current or most recent job:

Place _____ Position _____ Telephone Number _____

In the event of an emergency, please contact:

Name _____ Telephone Number _____

1. Have you ever been charged and/or convicted of a misdemeanor or felony other than minor traffic violation? Yes No
2. Have you ever been employed with Georgetown County School District? Yes No
3. Have you ever been dismissed or asked to resign from employment with Georgetown County School District or any other school districts? Yes No

I certify that the information provided on this volunteer information form is true and complete to the best of my knowledge. I agree that falsified information or significant omissions may disqualify me from further consideration as a volunteer in Georgetown County Schools and may be considered justification for removal if discovered at a later date.

I also acknowledge and agree that the District will check for my name on the Local and National Sex Offender Registry and may contact my employer for the sole purpose of obtaining any information that would be relevant to my suitability as a school volunteer. I understand that the District may not permit me to volunteer based on information received from the Registry and from my employer about my suitability as a school volunteer.

I authorize the District to request a criminal records check through the South Carolina Law Enforcement Division (SLED). I also understand that my ability to serve as a volunteer in the District is subject to satisfactory approval of all volunteer forms and all applicable screening processes.

If elected to be a volunteer, I will adhere to all district policies and procedures. I also understand that all volunteers serve at the discretion of the principals and/or district administration and must fully cooperate with the mission and policies of Georgetown County School District. A volunteer is expected to notify the District administration within 24 hours of any arrest and to keep the administration informed of the continuing status of any criminal charges filed against the volunteer.

Signature _____ Date _____

(Send this form to Elise Kelly in HR Department)

Revised 3/7/2014

Coastal Montessori Charter School

Volunteer Confidentiality Agreement

Thank you so much for volunteering at the Coastal Montessori Charter School (CMCS). We appreciate your time and service to our Montessori community.

As a volunteer at CMCS, you may learn information about students or their families that is considered confidential information under the Family Educational Rights and Privacy Act ("FERPA"). Such confidential information includes, but is not limited to, information regarding a student's academic performance, behavior, health needs, and family matters.

To protect each of our students' privacy, we ask that volunteers maintain the confidentiality of any information that they learn about a child while they are working with our students.

By signing below, you agree that you will maintain the confidentiality of all sensitive information which is discussed or disclosed to you and further agree that you will not disclose or discuss any such information with any person other than school personnel who have a legitimate, work-related need to know the information, unless you are lawfully mandated to disclose such information.

Name of Volunteer (please print)

Signature

Date