

CHAPERONE AND VOLUNTEER FORM

School					
Group		Teacher_			
Activity					
School Volunteer	□ Day Trip	□ Overnight Trip	□ Reading Buddy F	Program (check one)	
Date(s)					
activity. I understan	d that throughout rolling such activity	this entire activity I	will be serving as a ch	ict for the above describ aperone and/or volunted an authorized superviso	
Offender Registry and assist with this processpace provided below Office. All information	d South Carolina Sees, we are requiring. When completed on will be treated	xual Offender Registry g each chaperone/vol l and approved by the	y checks on all employee unteer to provide the re principal, this form will be naperone may accompan	et conducts National Sexus and school volunteers. equested information in tope forwarded to the Distring students on any day	
Thank you for your w	illingness to serve a	s a chaperone or volur	nteer with Bamberg Coun	ity School District.	
Name:					
First	М	iddle	Last	Maiden, if applicable	
Address:					
Telephone:		Email Addres	s:		
Date of Birth:			□ Male	□ Female	
Social Security Numb	er:				
Student Name:		Relationsh	nip to Student:		
Print Name (Chapero	ne or Volunteer)		gnature (Chaperone or V	olunteer)	
 Date			Principal Approval & Date		