WILLIAMSBURG COUNTY SCHOOL DISTRICT

500 N. Academy Street • Kingstree, South Carolina 29556 • (843) 355-5571 (Office)
www.wcsd.k12.sc.us

APPLICATION FOR VOLUNTEER SERVICES

IMPORTANT: PLEASE SUBMIT A PICTURE ID WITH THIS FORM.

APPLICANT INFORMATION

Full Legal Name: _____ Date: _____

Last (include maiden name, if applicable): _____ First: _____ M.I.: ___

Street Address: _____ Apartment/Unit #: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ E-mail Address: _____

Emergency Contact Name and Phone Number: _____

AVAILABLE DATES AND TIMES
Please list:

_____

_____

AREAS OF INTEREST
☐ Tutor ☐ Mentor ☐ PTO/PTA
☐ Lunch Buddy ☐ Business Partner
☐ Chaperone ☐ Classroom Helper
☐ School Support Helper ☐ Clerical Support

CURRENT/FORMER DISTRICT EMPLOYEE?
☐ Yes ☐ No
If yes, where/when?
_____

VOLUNTEER SCHOOLS / LOCATIONS

Elementary / Middle Schools
☐ APS ☐ GSA
☐ HMBLMS ☐ HES
☐ KGLA ☐ KMMSA ☐ CEM

High Schools
☐ KHS ☐ HHS
☐ HCTC

Other Schools
☐ Alternative School
☐ Adult Education

Other
☐ District Office

BACKGROUND INFORMATION

About the information requested: Prior to approval of volunteer service, the District will request an interview and/or criminal background check. For this reason, information about date of birth, gender, and race is requested as part of the application process.

Social Security Number: _____

Date of Birth (MM/DD/YYYY): _____ Gender: ☐ Male ☐ Female

Ethnicity: ☐ Asian ☐ African American/Black ☐ Caucasian/White ☐ Hispanic/Latino ☐ Other: _____

Driver's License/State ID — State: _____ Number: _____

Have you ever been convicted of a crime (including traffic violations)? ☐ Yes ☐ No If yes, explain: _____

If yes, explain: _____

Continue on Page 2: Please list all addresses lived within the past 5 years, starting with the most current.

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APPLICATION FOR VOLUNTEER SERVICES — PAGE 2

5-YEAR ADDRESS HISTORY

Please list all addresses lived within the past 5 years, starting with the most current.

#	Street Address	City	State	ZIP	Dates (MM/Year)
1					
2					
3					
4					
5					

REFERENCES

Please list information for two people who are not related to you. WCSD reserves the right to contact references during background check investigations.

Reference 1 — Full Name: _____	Relationship: _____
Phone Number: (_____) _____	Email: _____
Address: _____	

Reference 2 — Full Name: _____	Relationship: _____
Phone Number: (_____) _____	Email: _____
Address: _____	

WILLIAMSBURG COUNTY SCHOOL DISTRICT DISCLAIMERS

Williamsburg County School District reserves the right to deny a request for volunteer services if a determination is in the best interest of student(s). This determination is within the sole discretion of the district _____ (initial here)

A. Orientation and Certification: All volunteers must be screened and oriented by the Office of Public Information or its designee BEFORE engaging in services with Williamsburg County School District. __ (initial here)

B. Adherence to State Law and-Williamsburg County School District Policy: All volunteers shall adhere to Federal and State Laws and WCSD policies in working with students under the supervision of the school district. It is also unlawful to contribute to the Delinquency of a Minor, SS 16-17-490. Any person who violates the provisions of this section shall, upon conviction, be fined not more than three hundred dollars ($300.00) or imprisoned for not more than three (3) years, or both, at the discretion of the court.

C.Williamsburg County School District operates without discrimination on the basis of race, gender, religion, national origin, age, or disability in compliance with Title VI, Title VII, Title IX, Section 504, ADA, and all other applicable civil rights legislation. The Office of Legal Compliance has been designated to coordinate activities related to nondiscrimination and can be contacted at 843-355-5571.

DISCLAIMER AND SIGNATURE

My statements set forth in this application are true and complete. I understand that any false statements or omission of facts may be cause for dismissal from service. I give authorization to Williamsburg County School District to conduct an investigation into my background and understand that this is part of the requirement prior to becoming a volunteer and as an ongoing requirement while working as a volunteer in the school district. I understand that Williamsburg County School District will not be responsible for any personal injury or property loss that may occur to me while performing volunteer services. I also understand that I will not receive any monetary compensation from Williamsburg County School District, individual employees, or anyone else for serving as a volunteer. Further, I understand that Williamsburg County School District will be requesting information from various Federal, State, and Local agencies regarding my past activities. I also understand that information regarding sex, race, and date of birth is requested for the sole purpose of gathering the above information correctly and will not be used to discriminate against me in violation of any law.

Signature: _____	Date: _____

Please note: Processing may take up to two weeks. Applicants will be notified directly via Email or U.S. Mail.

Please scan and email this form electronically with your original signature to: mydavis@wcsd.k12.sc.us

To submit via mail, please send to:
Myron Davis
Williamsburg County School District
Office of Public Information
500 N. Academy Street
Kingstree, South Carolina 29556