$25.00 $25.00

VOLUNTEER/CHAPERONE FORM
School District of Newberry County

PLEASE PRINT LEGIBLY **COMPLETE IN FULL** revised 8/11

School: _____ Teacher: _____

Birth Given Name: _____
First Middle Last

Married Name: _____
First Middle Last

Maiden Name: _____ Sex: M F

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Have you lived outside the state of South Carolina within the last ten years? Yes No

If yes, what state(s)? _____ D.O.B. _____

You must obtain an appropriate SLED check request from the state(s) in which you have listed above, PRIOR to submitting this request.

Please read the following statement and sign the bottom of the form indicating you have read and agree with the statement regarding Volunteering in the School District of Newberry County:	
• **I wish to volunteer in the School District of Newberry County and do hereby certify that I have no medical issues which would prohibit my ability to serve as a volunteer.** • **I also certify that I have no arrest history/legal issues which would concern the school district and that I understand that I am subject to background investigation.** • **I also understand that while serving as a volunteer/chaperone I am responsible for the children under my care and I will refrain from smoking, drinking, profanity, possession of a weapon, and other behaviors not appropriate for the care of children.** • **I understand that while serving as a volunteer/chaperone I am obligated to participate with the entire group for the duration of the specific activity.**	
Signature	Date
Kimberly S. Mack Principal Signature	Date