[](http://www.google.com/url?sa=i&rct=j&q=calhoun+county+school+district+logo&source=images&cd=&cad=rja&docid=-8uJZG6Sqna3SM&tbnid=sOPjyyjO-imAzM:&ved=0CAUQjRw&url=http://www.teachsc.org/districts/calhoun.html&ei=yzvxUtTfOY2DkQeDtoCgDA&bvm=bv.60444564,d.eW0&psig=AFQjCNH_3ckVwj8qSlz0KYy-6UCqMDB_fw&ust=1391627581655311)

|  |  |
| --- | --- |
| Calhoun County Public SchoolsVolunteer Application P.O. Box 215, St. Matthews, South Carolina 29135  (803) 655-7310 (phone) (803) 655-7393 (fax)  <http://www.ccpsonline.net> |  |

## About the Information Requested

### Prior to applicant's approval of volunteer service, the District will request a criminal background check of past actions. For this reason, information about date of birth, gender, and race is requested as a part of the application process.

## Applicant Information

**Please Print**

|  |  |
| --- | --- |
| Full Legal Name |  |
| Maiden Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| E-Mail Address |  |
| Social Security # (optional) |  |
| Date of Birth |  |
| Gender | □ Male □Female |
| Ethnicity | □Black □White □Asian □Hispanic □Other: \_\_\_\_\_ |
| Have you ever been convicted of a crime? | □Yes □No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Use separate sheet, if necessary) |

## Availability

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| Mornings | Once a month |
| Afternoons | Once a week |
| Full days | Special events/as needed |

## Location

### Select the location(s) where you would like to volunteer:

|  |
| --- |
| St. Matthews K-8 School |
| Sandy Run K-8 School |
| Calhoun County High School |
| Alternative Program |
| District Office |

|  |
| --- |
|  |
|  |
|  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Home Phone |  |
| Work / Mobile Phone |  |
| Relationship to you |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### Calhoun County School District does not discriminate on the basis of race, color, national origin, sex, disability, religion, or age in its programs and activities. The following people in the District have been designated to handle inquiries regarding the non-discrimination policy: The Director of Human Resources, Mr. George Kiernan, should be contacted for all non-student and/or employment-related issues at 803-655-7310 or at P. O. Box 215, St. Matthews, SC 29135. The Deputy Superintendent, Mr. Ferlondo Tullock, should be contacted for all student issues including those related to Title II of the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 at 803-655-2624, or at P. O. Box 215, St. Matthews, SC 29135. Inquiries concerning discrimination can also be made to the United States Department of Education's Assistant Secretary for Civil Rights, Washington, D.C.

### Thank you for completing this application and your interest in volunteering with us.