

HR 64 Lexington County School District One Volunteer Profile and Consent Form (5/30/17)

School: _____ Teacher: _____ School Year: _____

****Please attach a copy of your driver's license or State Identification card****

School Use Only	<input type="checkbox"/> NOT directly supervising students or a district employee <i>*Retain form for your records- do not send to HR*</i>	<input type="checkbox"/> Directly supervising students <i>*Send form to HR. Do NOT retain a copy of SS#*</i>
	Raptor completed on _____ (date)	Date needed: _____

Full Name: _____
(Last) (First) (Middle) (Maiden)

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Driver's License #: _____ State: _____ Date of Birth: _____

Employer: _____ Occupation: _____

Emergency Contact: _____ Phone: _____

Please list all schools where you may want to volunteer: _____

Have you ever been charged or convicted of a crime? (circle one) **No** **Yes** *If yes, please describe:* _____

Our practice is to deny approval to any person who has been arrested and/or convicted of a crime within 10 years of completed background check. Failure to answer truthfully may result in automatic denial.

Lexington County School District One (District) will perform a background check on the National Sex Offender Registry, which may be accessed online at no charge, on all new employees, whether employed on a full-time, part-time, regular, interim or temporary basis, and all volunteers, including coaches, mentors, chaperones, and those serving in any other capacity resulting in direct interaction or contact with students.

Individuals whose names appear on the National Sex Offender Registry will not be permitted to serve in the District in any capacity. Additionally, the District will not employ individuals or allow individuals to volunteer in any capacity, who have been required to register as sex offenders pursuant to S.C. Code Ann. § 23-3-430. Should an individual whose name appears on the National Sex Offender Registry wish to provide additional information relevant to his/her designation on said registry, the District will consider the matter on a case by case basis.

I understand that, in an effort to ensure our students' and staff's safety, the District will conduct a criminal history background check on me. I further understand that by giving my signature below, I hereby consent to having the District conduct this background check and use the information gained to determine my eligibility to become a volunteer in the District. I also understand and accept that whether I am accepted as a volunteer in the District or not is within the sole discretion of the District.

Volunteer Signature: _____ **Date:** _____

Principal Signature: _____ **Date:** _____

Athletic Director Signature: _____ **Date:** _____

(If Applicable)

Lexington County School District One does not discriminate on the basis of race, color, religion, national origin, sex, disability or age in admission to, access to, treatment in or employment in its programs and activities. The following people have been designated to handle inquiries or complaints. The Chief Human Resources Officer handles inquiries/complaints regarding Title IX. Inquiries/complaints regarding Section 504 for elementary students go to the Coordinator of ESOL/RtI and for secondary students to the Director of Counseling and Advisement. The Mathematics Coordinator handles inquiries/complaints regarding Title II. Contact these people if you have questions regarding these issues at 100 Tarrar Springs Road, Lexington, SC 29072 and telephone number (803) 821-1000.

*****Required only if directly supervising students and to be used strictly for background check purposes*****

Social Security Number: _____