

Office of Human Resources



Barnwell School District #45
770 Hagood Ave., Barnwell SC 29812
803-541-3578

Volunteers

Thank you for your interest in one of the most difficult jobs in education: being a volunteer. To ensure our student safety, all volunteers who will work directly with students must pass a SLED (South Carolina Law Enforcement Division) background check and National Sex Offender Registry check.

I, _____, hereby request/authorize Barnwell School District 45 to conduct a criminal history check.

The Human Resources Department will be responsible for conducting the reports from these agencies. Information obtained will be used solely to determine eligibility for service as a volunteer.

The cost of the SLED check is \$26.00 (cash). Please attach a copy of your social security card and driver's license with the volunteer application. This information is needed to complete the background checks.

The information given on the volunteer application must be correct and complete. False statements on this application shall be considered sufficient to eliminate you from participation in all District 45's Volunteer programs.

These applications are approved for three years, but are subject to review. Each school will be sent a list of approved volunteers.

Confidentiality Agreement for Volunteers

Barnwell School District 45 respects the privacy of our students and staff. We are committed to protecting privacy by keeping school matters confidential.

I, _____ (printed name), agree not to discuss the names of students and staff members, information regarding discipline issues, health concerns or other school or student related issues with other individuals.

Signature _____ Date _____



BARNWELL SCHOOL DISTRICT 45
Volunteer Application
2018-2019

District Office Use: Sent to HR
 Photo ID/Social Copy Attached:

_____/_____/_____
 _____ Not cleared with BSD45
 _____ Cleared with BSD45

Please complete this form and return with a copy of your driver's license, social security card, and \$26.00 (cash) to the school or Human Resources Office.

Section I Full Legal Name

Last	First	Middle
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Home Street Address	Date of Birth
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City/State/Zip	Social Security Number
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Home Phone

Business or Cell Phone

E-mail Address

Section II Location

Please select the names of the schools in which you would like to serve:

<input type="checkbox"/> Barnwell Primary	<input type="checkbox"/> Guinyard-Butler Middle
<input type="checkbox"/> Barnwell Elementary	<input type="checkbox"/> Barnwell High

Section III Areas of interest (Please check all that apply:)

<input type="checkbox"/> Reading stories to students	<input type="checkbox"/> Chaperone
<input type="checkbox"/> Helping students with their work in the classroom	<input type="checkbox"/> Media Center
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Classroom/Office Support
<input type="checkbox"/> PTO	
<input type="checkbox"/> Other _____	

Student's name _____

Teacher's name _____

We look forward to working with you!