



VOLUNTEER FORM

School: _____

Sponsors: _____

Activity: _____

Dates: _____

I agree to serve as a chaperone/volunteer on behalf of Spartanburg County School District Seven for the above described activity. I understand that throughout this entire activity I will be serving as a chaperone, supervising and controlling such activity, and acting in an official capacity for Spartanburg County School District Seven as its authorized agent until its conclusion.

In an effort to provide for the safety of our students, Spartanburg School District Seven conducts background checks on all employees and has begun doing the same with school volunteers performing in certain capacities. To assist with this process, we are asking that each chaperone/volunteer provide the requested information in the space provided below. When completed, this form will then be sent to the Office of Human Resources. All information will be treated as confidential.

Thank you for your willingness to serve as chaperone or volunteer in Spartanburg School District Seven.

Name: _____
 First Middle Last Maiden, if applicable

Address: _____

Home Phone: _____ Cell Phone: _____

Date of birth: _____ Male: _____ Female: _____

Email address: _____

Social Security Number (required for insurance purposes): _____

Signed this _____ day of _____, 20____.

Print Name (chaperone or volunteer)

Signature (chaperone or volunteer)

Signature of Principal

Date

Note: I may volunteer in the following schools: _____

Spartanburg School District Seven

Revised August 2023