

# **FLORENCE SCHOOL DISTRICT THREE VOLUNTEER APPLICATION**

## ***(For Volunteers and Chaperones)***

Thank you for the interest that you have shown in volunteering with Florence County School District Three. In order to be eligible to volunteer or chaperone for a **day or overnight** field trip in Florence District Three, you must successfully complete the following procedures.

### **1. APPLICATION FORM**

Complete the attached application and return to the school. Incomplete applications will not be accepted.

### **2. IDENTIFICATION DOCUMENTATION**

Please provide copies of your Social Security card and a South Carolina Driver's License or South Carolina ID with your application. After submitting this information with a completed application, your application will be reviewed by the School Principal for recommendation.

### **3. CRIMINAL RECORDS CHECK**

Volunteers will not be placed on an "Approved" list when a clear criminal history has been received. The processing fee to investigate your background information is **\$26.00**. Payment must be received in the form of cash or a money order. After a clear background check is received, your application will be submitted to the Superintendent and/or designee for approval.

## **ADDITIONAL REQUIREMENTS FOR REGULAR VOLUNTEERS**

### **1. TUBERCULOSIS SKIN TEST**

A negative Tuberculosis Skin Test Certification must be submitted with the application.

### **2. TRAINING**

Volunteers are required to complete a Bloodborne Pathogen training before final approval.

## **SPECIAL NOTE CONCERNING CHAPERONES**

Parents wishing to chaperone must be the legal guardian of the student participating in the field trip OR a Step-parent, Parent not holding guardianship, Aunt, Uncle or Grandparent of the child may be approved to chaperone provided that the legal guardian gives his/her written permission. Written permission must be obtained for each field trip.

# Florence County School District Three

## VOLUNTEER/CHAPERONE APPLICATION

Date of Application: \_\_\_\_\_

*Print legibly or type all of the following information.*

**Please list the names of all students below that you are the legal guardian of in Florence County School District Three.**

Student's name _____	Grade _____	School _____
Student's name _____	Grade _____	School _____
Student's name _____	Grade _____	School _____
Student's name _____	Grade _____	School _____

Which school(s) or department(s) do you prefer to work with? \_\_\_\_\_

**Please indicate below all activities that you wish to participate in Florence County School District Three.**

- ☐ **Volunteer**
- ☐ **Mentor Volunteer**
- ☐ **Chaperone**

**All information on this application must be provided. Incomplete applications will not be accepted.**

Volunteer's Name: \_\_\_\_\_  
Last Name First Name Middle Name Maiden Name

Name at birth \_\_\_\_\_ Any Former Names Used \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street or P. O. Box # City State Zip Code

Home Telephone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

*In the event of an emergency, please contact:* \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address) (Telephone number)

Name of your employer: \_\_\_\_\_

Personal Reference:

\_\_\_\_\_  
(Name) (Telephone number)

\_\_\_\_\_  
(Address) (City/State) (Zip Code)

## CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION

In accordance with Florence County School District Three policies, this application is being used to help provide a safe and secure environment for FCSD3 students. The requested information regarding race, sex, and date of birth is required to process your background check. This information is kept strictly confidential and is necessary only for processing the criminal history. This information will be released only as required by law. **A Social Security Number and South Carolina Driver's License or South Carolina ID is required. *\*Please provide copies of identification.***

*Please print legibly or type all information.*

**Volunteer Name:** \_\_\_\_\_  
(As listed on driver's license)      **First**      **Middle**      **Last**      **Maiden Name**

**Name at birth** \_\_\_\_\_ **Any Former Names Used** \_\_\_\_\_  
\_\_\_\_\_

**Sex:**    ☐ Male    ☐ Female

**Race:**    ☐ American Indian    ☐ Asian    ☐ African American    ☐ Caucasian    ☐ Hispanic

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_  
Month/Day/Year      City/County/State

**Social Security Number** \_\_\_\_\_

**Have you ever been convicted of or received deferred adjudication for a crime other than a minor traffic offense? (A DUI is not considered a minor traffic offense and must be listed.)**    ☐ Yes    ☐ No

If you checked the "Yes" box, you must give complete information for each charge below.

City Where Arrested	State	Date Arrested	Charges	Disposition(s)

*I, the undersigned, authorize Florence County School District Three to obtain copies of any information pertaining to any criminal history record maintained by any law enforcement agency and to use said information for the purpose of evaluating my application for volunteering. I hereby authorize Florence County School District Three to request any relevant information from my employer(s), and I authorize any references to release such information.*    ☐ **Yes**    ☐ **No**

*Revised February 10, 2017*

## **SEXUAL HARASSMENT OF STAFF**

Florence County School District Three believes that all employees are entitled to work in school related environments that are free of sexual harassment. The policy addressing sexual harassment includes definitions of sexual harassment.

Anyone who believes he or she has been sexually harassed should report the incident(s) to his or her immediate supervisor or to the deputy superintendent or the superintendent. Where members of the board of trustees, the superintendent, or any senior staff members are involved, the employee should report such acts to the board attorney. An immediate investigation of the claims will take place and upon evidence of sexual harassment, appropriate disciplinary action will be taken.

Sexual harassment activity by any employee will not be tolerated. Sexual harassment is defined as conduct, advances, gestures or words of a sexual nature which: (a) unreasonably interferes with an individual's work or performance; (b) creates an intimidating, hostile or offensive work environment; (c) implies that submission to such conduct is made an explicit or implicit term of employment; and (d) implies that submission to or rejection of such conduct will be used as a basis for an employment decision affecting the harassed employee. (Reference: Board of Trustees Policy GAAA; Administrative Policy GAAA-R)

## **SEXUAL HARASSMENT OF STUDENTS**

The employees in Florence County School District Three are expected to provide learning environments for students which are free of sexual harassment. Any student who believes that he/she has been subjected to sexual harassment by any employee(s) of Florence District Three Schools and any student or employee who has knowledge of sexual harassment or inappropriate staff-student relations should report the facts of the incident(s) and the name(s) of all the individual(s) involved in any material way immediately to the student's principal or to the supervisor of the person reporting the incident. There will be an immediate investigation of the incident.

Florence District Three strictly prohibits any employees from becoming engaged in a romantic or sexual relationship with any student enrolled in Florence District Three Schools regardless of the age of the student.

Consent by the student to such a relationship is not a defense. (Reference: South Carolina Code of Laws Title XVI; Board of Trustees Policy JGI; Administrative Ruling JGI-R)

## **REPORTING PROCEDURES**

Any person who believes he/she has been the victim of harassment or sexual harassment as defined in Section II and III of this policy by a student or school personnel, or any third person with knowledge or belief of conduct which may constitute harassment or sexual harassment should report the alleged act(s) immediately to the appropriate school system official as designed by this policy. The Board encourages the reporting party or complainant to use the report form available from the principal of each school or available from the school system office.

**In Each School** – The school principal is the person responsible for receiving oral or written reports or harassment or sexual harassment at the school level. Upon receipt of a report, the principal must notify the Superintendent/Designee (as appointed by the Superintendent) immediately. A written report will be forwarded to Superintendent/Designee. Failure to forward any harassment or sexual harassment report or complaint as provided herein will result in disciplinary action. If the complaint involves the school principal, the complaint shall be filed directly with the Superintendent/Designee.

*I have read and understand the district's sexual harassment policy and the information provided on this form. I understand and will abide by the conditions and rules set forth herein. I further understand that violations of these conditions and rules may constitute a criminal offense.*

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Volunteer/Chaperone's Name (Please Print)

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Volunteer/Chaperone's Signature

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Date

*Revised February 10, 2017*

***IN ORDER TO PROTECT THE STUDENTS OF FLORENCE COUNTY SCHOOL DISTRICT THREE, WE ASK OUR VOLUNTEERS TO READ AND SIGN THE FOLLOWING:***

**CODE OF ETHICS FOR VOLUNTEERS/CHAPERONES**

- I realize that being a volunteer for Florence County School District Three can help a student attain his/her maximum educational potential as well as help and encourage all aspects of student growth.
- I will be responsible for arriving on time and be regular and consistent in attendance.
- I will encourage positive attitudes through sincere praise.
- I will be sensitive to procedures and student needs.
- I will be flexible in working with new ideas and materials.
- I agree to keep student information confidential. I will have respect for the confidential nature of school records, assignments and relationships between staff members and students.

I have also read and understand the **Code of Ethics for Volunteers** and affirm that all the information contained in this application is true and complete and that misrepresentation, falsification or omission shall be cause for relinquishing my role as a volunteer in Florence County School District Three.

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Volunteer/Chaperone's Signature

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Date

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**DISTRICT'S BUS RIDING RULES**

- All riders are required to have a safe seating position and stay seated while the bus is in motion. No passenger is permitted forward of the front passenger seat when the bus is in motion.
- Bus aisles and emergency exits must be kept clear and unobstructed; this requires that no objects (coolers, suitcases, sports equipment, etc.), trash and trash bags be located in the aisles or block easy access to an emergency exit of any kind (this includes window exits).
- For safety reasons, no loud music, singing, or cheering are permitted. Profanity, ethnic slurs, or bullying are prohibited. Students will abide by the District Student Code of Conduct at all times.
- No part of a rider's body may extend outside the interior of the bus while the bus is in motion. No rider is allowed to throw items from the bus.
- Personal toiletries (sprays, polishes, lotions, make-up, etc.) may not be applied while on the bus.
- The bus may be used to provide privacy for clothing changes once the field trip has reach its destination. Sponsors are responsible for assuring privacy for students when the bus is used.
- All food items drink containers, and trash must be placed in trash bags by students, sponsors, and chaperones prior to the end of the trip; trash bags will be provided by the bus driver. No alcohol or tobacco products are permitted on the bus at any time.
- The District is not responsible for items missing from or left on the bus.
- The **driver is the final authority** governing the safe operation of the bus. Buses will not be operated if the passenger load exceeds the safe transport of passengers or if an unsafe operating condition exists. This includes obstructed aisles or emergency exits. The Driver must assure compliance with all state and federal school transportation laws.

Chaperones will follow the directions of the sponsor and assist in maintaining behavior and accountability of students on a field trip. Chaperones are not permitted to bring passengers on the bus.

***I have read and understand the district's bus riding rules. I understand and will abide by the conditions and rules set forth herein. I further understand that violations of these conditions and rules may constitute removal from the field trip and future field trips.***

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Chaperone's Name (Please Print)

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Chaperone's Signature

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Date

***Revised February 10, 2017***

**Volunteer/Chaperone's Name:** \_\_\_\_\_

For **School** Office Use Only:

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Date Received

Copy of SS card received: ☐ Yes ☐ No

Copy of Driver's License or State ID received: ☐ Yes ☐ No

Copy of clear Tuberculosis Skin Test Results received: ☐ Yes ☐ No *(For Volunteers, only)*

Recommended by: \_\_\_\_\_ ☐ Yes ☐ No \_\_\_\_\_  
Principal/Administrator Date

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For **District** Office Use Only:

Date Received: \_\_\_\_\_

Criminal Record Check Process: SLED: ☐ Yes ☐ No National Sex Offender Registry Check: ☐ Yes ☐ No

South Carolina Sex Offender Registry Check: ☐ Yes ☐ No

Notes: \_\_\_\_\_

**Fee Paid:** ☐ Yes ☐ No ☐ Cash ☐ Money Order

Approved by: \_\_\_\_\_ ☐ Yes ☐ No \_\_\_\_\_  
Superintendent or Designee Date

BBP Training Received (**Signed Sheet Attached**): ☐ Yes ☐ No *(For Volunteers, only)*