

## SHS Volunteer Application

Only use this form if the volunteer activity takes place with direct supervision under school staff and involves little or no direct student contact (If a volunteer activity involves direct contact with students under limited supervision by school staff or involves unsupervised contact with student(s) on or off campus, the volunteer will need to complete the BCS Volunteer Application that requires a criminal background check)

Please print legibly

Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Child(ren) Names \_\_\_\_\_

Please check the activities in which you would like to volunteer:

☐ test proctor  
☐ visit classroom to read to students, assist teacher, be a guest speaker, etc. while teaching  
☐ visit the school and only interact with my own child(ren)  
☐ assist with outdoor projects, beautification efforts, field day, school fairs, athletic concessions, and/or PTA fundraisers and activities  
☐ attend field trip but will not chaperone/supervise students other than my own child(ren)

Day(s) of the week available to volunteer

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Time of Day (please be specific) \_\_\_\_\_

Please list any special skills, interest, or other information or comments:

\_\_\_\_\_  
\_\_\_\_\_

☐ Yes ☐ No Have you ever been convicted or entered a plea of guilty or nolo contendere (in contest) to any charge other than a minor traffic violation?

☐ Yes ☐ No Have you previously been an employee of Beaufort County Schools? If so when and in what capacity? \_\_\_\_\_

Please list the name, relationship, and phone number of two references

Name	Relationship	Phone Number

Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_