

Chapman High School

PO Box 389
1420 Compton Bridge Road
Inman, SC 29349-1596

TELEPHONE (864) 472-2836
FAX (864) 472-0914

Memo

To: School Volunteers
From: Stephanie Mathis

.....

Thank you for your willingness to assist District One Schools of Spartanburg County by volunteering your service. We look forward to having you as a member of our team as we work together to ensure the success of our students.

Before being allowed to volunteer in a school, certain groups of volunteers are subject to a background check. Volunteers involved in activities that entail some times in which they may be outside of view of school staff or multiple adults, or have solitary time with students will be screened. These include situations illustrated by the following examples:

1. athletic coach
2. volunteer working in small group sessions,
3. individual tutoring,
4. chaperone for overnight field trips,
5. health room assistants, and
6. mentors, etc.

Please provide the information requested below and return this form to the principal of the school in which you wish to volunteer. All information submitted will be treated as strictly confidential.

Once again, we thank you for your assistance and appreciate your hard work and enthusiasm as we work together to provide the best education possible for our students.

.....

NAME _____
First Middle Last Maiden (if applicable)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

TYPE OF VOLUNTEER ACITIVITY _____

_____ Male _____ Female

Signature Date

It shall be the policy of Spartanburg District One Schools to maintain employment practices that are free of discrimination on the basis of race, sex, color, religion, national origin, immigrant status, English speaking status, veteran status or disability. The employment practices of the district shall be in conformity with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 and all other applicable Civil Rights Laws.

South Carolina Department of Social Services
CONSENT TO RELEASE INFORMATION

My signature below serves as my consent to authorize the South Carolina Department of Social Services, Division of Human Services, to conduct a search of the Child Abuse and Neglect Central Registry on myself and release the information to the individual/organization listed below. I also understand that all information provided on this form will be released to the individual/organization listed below. I understand that the information may prove unfavorable to me. I agree to hold the South Carolina Department of Social Services and its staff harmless from liability associated with the release of information I have requested using this form. If it appears to me that the information in the Registry has not been updated or appears inaccurate, I will notify the Department immediately.

This consent is effective for a one time search of the Central Registry for the purpose of: employment

Mail Results To: Pam Blackwood
District One Schools Spartanburg County
P O Box 218
Campobello, SC 29322

Central Registry Check Fee: (Check one and attach appropriate payment by check or money order.)

<input type="checkbox"/> Non-Profit Entities	\$8.00	<input checked="" type="checkbox"/> Schools	\$15.00 ^{8.00}
<input type="checkbox"/> Private Adoption Investigations	\$25.00	<input type="checkbox"/> Child Care	\$8.00
<input type="checkbox"/> For-Profit Entities	\$25.00	<input type="checkbox"/> Other (Individuals, all others not named above)	\$8.00
<input type="checkbox"/> State Agencies	\$15.00		

Please Print or Type: (Complete spelling of name required, first, middle and last – no initials.)

Name: _____ DOB: _____ Sex: _____ Race: _____

Maiden/Former Name: _____ Name Change: _____

Place of Birth: _____ SSN: _____

Current Address: _____ Previous Address: _____

This form MUST be witnessed (may be notarized). Submit appropriate payment and form for processing to:
 South Carolina Department of Social Services, Attention: Cashier, P.O. Box 1520, Columbia, South Carolina 29202-1520;
 Telephone (803) 898-7318.

 Signature of Applicant

 Date

 Signature of Notary or Witness

 Date

RESULTS OF SEARCH OF THE CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

(This section to be completed by an authorized DSS employee only – Division of Human Services.)

- The name is not listed as a perpetrator in the Child Abuse and Neglect Central Registry.
- The name is listed as a perpetrator in the Child Abuse and Neglect Central Registry. According to state law, being named as a perpetrator prohibits an individual from being a guardian ad litem, member of the Foster Care Review Board, licensed foster parent or operating or working in a child day care facility or being employed, operating or volunteering in a residential child care facility. Further, being named as a perpetrator may affect an individual's capacity to adopt a child.
- Your request has been received. Please allow an additional 30 to 60 days to process your inquiry.
- Other – See attached correspondence.

 Authorized DSS Employee

 Date