



## Horry County Schools

1605 Horry Street  
PO Box 260005  
Conway, South Carolina 29528-6005  
(843) 488-6700  
FAX: (843)488-6904

### VOLUNTEER APPLICATION

**Date of Application** \_\_\_\_\_ **Location** \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

DOB \_\_\_\_\_ Social Security Number \_\_\_\_\_ Sex \_\_\_\_\_ Race (Optional) \_\_\_\_\_

Street, PO Box, or RFD \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

**In the event of an emergency, please contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street, PO Box, or RFD \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

1. Have you ever been convicted of a misdemeanor or felony other than minor traffic violations? Yes  No
2. Have you ever been employed with Horry County Schools? Yes  No
3. Have you ever been dismissed or asked to resign from employment with Horry County Schools or any other school district? Yes  No

\*If answer is yes to 1, 2, or 3, please list the number and give details.

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References: List the name of two persons (not relatives)

Name	Position or Job Title	Telephone No. (Required)

**COMPLIANCE WITH TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AMERICAN WITH DISABILITIES ACT OF 1990, AND SECTION 504 OF THE REHABILITATION ACT OF 1973**

Horry County Schools will provide equal employment opportunities to otherwise qualified individuals without regard to race, color, creed (religion), sex, age, disability, national origin, marital status, or veteran status, except where sex or age is a bona fide occupational qualification. This is in compliance with Title IX of the Educational Amendments of 1972, the Americans with Disabilities Act of 1990, and Section 504 of the Rehabilitation Act of 1973. Inquiries and complaints about Title IX should be directed to the Chief Personnel Officer. Inquiries and complaints about ADA should be addressed to the Director of Special Education. Horry County Schools will employ only United States citizens and aliens lawfully authorized to work in the United States.

I hereby authorize Horry County schools to make such investigations of information listed herein as may be necessary to ensure the safety and security of students and staff.

I hereby release individuals and institutions listed from all liability in responding to inquiries in connection with said application.

I certify that the answers given herein are true and complete to the best of my knowledge.

As a volunteer, I understand that confidential information about a student may be shared with me. I understand that any information about a student is not to be discussed with anyone other than the teacher or other staff members that are responsible for the education of the student.

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

Check area(s) of interest

- |  |  |
|--|--|
| <input type="checkbox"/> Reading buddy | <input type="checkbox"/> Recreational activities |
| <input type="checkbox"/> Tutoring      | <input type="checkbox"/> Technology              |
| <input type="checkbox"/> Mentoring     | <input type="checkbox"/> Homework helper         |
| <input type="checkbox"/> Creative Arts | <input type="checkbox"/> Club Co-sponsor         |
| <input type="checkbox"/> Teacher's Aid | <input type="checkbox"/> Office Assistant        |
| <input type="checkbox"/> Other _____   |  |

Do Not Write in this Space

References checked \_\_\_\_\_ Background checked \_\_\_\_\_ OK to place \_\_\_\_\_

Principal's Signature \_\_\_\_\_