Lexington County School District One
Volunteer Profile Form

Name: _____
(Last) (First) (MI)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Date of Birth: _____ Gender: Male_____ Female_____

Driver's License: State_____ Number_____ Expiration_____

Employer: _____ Occupation: _____

Emergency Contact: _____ Phone: _____

Please list two references who are not family members. Lexington County School District One reserves the right to contact references as part of the background check process.

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

Have you ever been charged or convicted of a crime? If so, please describe:

_____

_____

A nation-wide sex offender search will be conducted by scanning a valid driver's license. Lexington County School District One reserves the right to deny a request for volunteer services if a determination is in the best interest of student(s). This determination is within the sole discretion of the district.

Signature: _____ Date: _____

School: _____