Dillon School District Four 1738 Highway 301 North

Dillon, South Carolina, 29536 Phone: (843) 774-1200 Fax:

Fax: (843) 841-4169

www.dillon.k12.sc.us

APPLICATION FOR VOLUNTEER SERVICES

APPLICANT INFORMATION									
Full Legal N	ame:								
			Last		Firs	st	MI]	Maiden
Address:									
Street Address					L		A	Apartment/Unit #	
City					Stat	ZIP Code			
Phone: ()				E-mail Address:					
Available Dates and Times (please list):			Chape Mento Schoo		oply) oom Helper Buddy	Other (please specify) per			
Circle the location(s) where you would like to volunteer:	All scho as need		Eas Sout Stewart H Gord	MENTR t (4K – h (4K – leights on (4 th	3^{rd}) -3^{rd}) $(4K - 3^{rd})$ -5^{th})	MIDDLE Dillon Middle (6 th – 8 th)		HIGH Dillon High $(9^{th} - 12^{th})$ Lake View High $(6^{th} - 12^{th})$	
		formation icense/Sta	f volunteer ser about date of ate ID	vice, the	District will requder, and race ar	uest a criming re requested		application p	
D	Social Sec (copy require	curity Nui d with appli	mber <i>(cation</i>)				Conto		E1-
Date of Birth (mm/de Ethnicity: African Ame (please circle) Black		an Americ		sian	Caucasian/ White	Hisp Lat		r: Male Native nerican	Female Other
Have you ever been convicted of a crime? (including serious traffic violations)						YES		NO	
If yes, explai	n:								
This Voluntee applicant in m		n is being	advanced to	the Dist	rict Office with	n my recom	nmendation fo	r placemen	t of this
Principal Signature							Date		
Superintendent / Designee Signature						_ _	Date		_

*** If applicant wishes to volunteer at more than one school, each Principal must have written recommendation attached. Application is considered incomplete without signatures and copies of requested documents.