

# UNION COUNTY SCHOOL DISTRICT CHAPERONE AND VOLUNTEER FORM



Dear Union County School District Chaperone/Volunteer:

Thank you for your willingness to share your valuable time and skills with Union County School District students.

For many years, this school district has performed background checks on all school employees, substitutes, and coaches in an effort to ensure the safest environment for our children. Because of recent area events, we are now conducting background checks on all chaperones and volunteers for this same reason. To assist with this process, we are asking that each chaperone and volunteer provide the requested information in the space provided below. When completed, this form will then be sent to the Office of Personnel by the school's Volunteer Coordinator.

If you wish to continue volunteering at one of the district's schools, please fill in the personal information on the bottom of this letter and return it to the Volunteer Coordinator at your child's school. All information will be confidential and will be kept in a locked records room in the Office of Personnel of the Union County Schools District Office.

Yours in Education,

Lewis Jeter, III  
Assistant Superintendent for  
Personnel and Pupil Services

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School \_\_\_\_\_ Activity \_\_\_\_\_

**CHECK:** Chaperone Day Trip  Chaperone Overnight Trip  School Volunteer   
(You may check more than one.)

Field Trip Date(s) \_\_\_\_\_  
(If applicable)

I agree to serve as a chaperone/volunteer on behalf of Union County School District for the above described activity. I understand that throughout this entire activity I will be serving as a chaperone/volunteer, supervising and controlling such activity, and acting in an official capacity for Union County School District as its authorized agent until its conclusion.

Name: \_\_\_\_\_  
(Please print) Last First Middle Maiden, if applicable

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_  
Year Month Day

Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Required for insurance purposes)

X \_\_\_\_\_ Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
Signature (chaperone or volunteer)

\_\_\_\_\_  
Daytime Phone (chaperone or volunteer) X \_\_\_\_\_  
Signature of Principal Date

