



Where children and learning are One

**Lexington County School District One
HR 64b Volunteer Program Consent Form**

I am a volunteer or I wish to become a volunteer in Lexington County School District One.

I understand that, in an effort to ensure our students' and staff's safety, the district will conduct a criminal history background check on me.

I further understand that by giving my signature below, I hereby consent to having the district conduct this background check and use the information gained to determine my eligibility to become a volunteer in the district.

I also understand and accept that whether I am accepted as a volunteer in the district or not is within the sole discretion of the district.

Full Name: _____

(Please print full name and include maiden or middle name)

Signature: _____

Date of Birth: _____

(Month/Day/Year)

Social Security Number: _____

Today's Date: _____

Please list the Lexington One school and primary position in which you anticipate volunteering:

***Please provide a copy of your driver's license or a photo ID to attach to this consent form.**

Lexington County School District One
100 Tarrar Springs Road • PO Box 1869
Lexington, SC 29071-1869 • 803-821-1000

WWW.LEXINGTON1.NET