



Colleton County School District
 Volunteer Application
 School Year: _____

Full Name: Mr. Mrs. _____ Date of Birth: _____
First, Middle, Last

Current Address: _____

Cell Phone: _____ Home Phone: _____ Email Address: _____

Are you a current CCSD employee or have you worked for CCSD in the past: Yes No
 If "Yes," list school location _____ and years of employment _____

Name during employment (if different from current name) _____

Current Occupation/Employer: _____

Do you have a valid driver's license or state-issued identification card ? Yes No
 State: _____ License Number: _____ Expiration Date _____
 (Please provide a copy of your driver's license or state-issued identification with this application)

Do you have school-aged children in Colleton County Public Schools? Yes No
 If you answered yes, please fill out the block below.

Names of School-Age Children	Current Grade Level	School Attending

Do you have previous volunteer experience in the community or schools? Yes No
 If you answered yes, please fill out the block below.

Agency	Title	Duties	Length of Service	Name and Phone Number of Reference

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Have you been convicted of any offense involving the sexual molestation, sexual battery, physical abuse, sexual abuse, or rape of a child? Yes No

Have you been investigated by the Department of Social Services (Child Protective Services) for abuse or neglect of a child with a result of "founded?" Yes No

Names, Addresses, and phone numbers of two personal references:

1. _____

2. _____

I grant permission for the CCSD to contact these references Yes No

Have you been convicted of a misdemeanor? Yes No

Have you been convicted of a felony? Yes No

If you answered "yes" to either a misdemeanor or felony, or both, please explain and give dates of conviction, type of conviction, and jurisdiction where convicted.

Do you grant CCSD the right to check with the Department of Social Services, and/or law enforcement agencies, and/or 3rd party background investigation companies regarding any of the investigations and/or convictions indicated on this application? Yes No

Initials below acknowledge that I have completed required tasks.

_____ I have read the "Volunteer Program Regulations, Guidelines, and Procedures."

_____ I have read the CCSD Code of Student Conduct.

_____ I understand that I will need to complete training on school guidelines and safety procedures before I begin any volunteer assignment.

_____ I understand that CCSD, or a 3rd party background investigation company, will check my name against the National Sex Offender Public Website, obtain a criminal history from the South Carolina Law Enforcement Division, and other appropriate agencies and conduct a consumer credit investigation.

_____ I acknowledge that the information that I have provided on this application is true and complete to the best of my knowledge.

_____ I understand that any willful misstatements or material omission on this application will be considered sufficient cause to disqualify me for volunteer opportunities with Colleton County Public Schools.

Have you been convicted of any offense involving the sexual molestation, sexual battery, physical abuse, sexual abuse, or rape of a child? Yes No

Have you been investigated by the Department of Social Services (Child Protective Services) for abuse or neglect of a child with a result of "founded" Yes No

Names, Addresses, and phone numbers of two personal references:

1. _____

2. _____

I grant permission for the CCSD to contact these references Yes No

Have you been convicted of a misdemeanor? Yes No

Have you been convicted of a felony? Yes No

If you answered "yes" to either a misdemeanor or felony, or both, please explain and give dates of conviction, type of conviction, and jurisdiction where convicted.

Do you grant CCSD the right to check with the Department of Social Services, and/or law enforcement agencies, and/or 3rd party background investigation companies regarding any of the investigations and/or convictions indicated on this application? Yes No

INITIAL EACH ITEM BELOW TO SIGNIFY AGREEMENT:

_____ I have read the "Volunteer Program Regulations, Guidelines, and Procedures."

_____ I have read the CCSD Code of Student Conduct.

_____ I understand that I will need to complete training on school guidelines and safety procedures before I begin any volunteer assignment.

_____ I understand that CCSD, or a 3rd party background investigation company, will check my name against the National Sex Offender Public Website, obtain a criminal history from the South Carolina Law Enforcement Division, and other appropriate agencies and conduct a consumer credit investigation.

_____ I acknowledge that the information that I have provided on this application is true and complete to the best of my knowledge.

_____ I understand that any willful misstatements or material omission on this application will be considered sufficient cause to disqualify me for volunteer opportunities with Colleton County Public Schools.

_____ During such times as I am a participant in the Colleton County Public Schools Volunteer program, I agree to assume full responsibility for such participation and release the CCSD from any damages, injuries, and/or claims which I may sustain thereby and I will execute a written release to that effect.

_____ I have read, understand, and will abide by the rules, regulations, and policies concerning CCSD volunteers.

_____ I acknowledge that as a volunteer I am not an employee of the CCSD nor am I entitled to any employment benefits, to include, but not limited to , health insurance, life insurance, workers compensation insurance, payment of wages, paid leave, sick leave, and disability insurance.

_____ I fully understand CCSD has the right to terminate my services at anytime, for any or no reason, immediately without advanced notice.

Signature: _____ Date: _____

In case of emergency, please contact: _____ Phone: _____

All applications must be filled out completely, or they will not be processed. **Please return this completed application to the school principal where you want to volunteer.**

If you have any questions regarding the volunteer program, please contact Debra Campbell at 843-782-4510.

FOR OFFICE USE ONLY

Name of Person Screening Application: _____ Date Screened: _____

Signature: _____

National Sex Offender Public Website Checked: Yes No

Follow-up necessary:

Yes No

Initials below confirm that you have done the required tasks.

_____ I have received a copy of the applicant's driver's license or state-issued identification.

_____ I have reviewed the application for completeness.

_____ I have screened this application.

_____ I have given this application to the Assistant Superintendent

Name of Assistant Superintendent: _____ Date Reviewed: _____

I have reviewed this application and have approved it: Yes No

Signature: _____ Date: _____



Colleton County
 SCHOOL DISTRICT
 PREPARING EVERY CHILD TODAY FOR TOMORROW

**Colleton County School District
 Volunteer Service Agreement & Release**

***PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS
 YOUR LEGAL RIGHTS***

I, _____, _____, _____,
 First Name Middle Name Last Name

in consideration of being allowed to participate in the volunteer service of the Colleton County School District do hereby agree that:

1. **Age of Majority and Commitment to Perform.** I am eighteen (18) years of age or older. I understand and agree to volunteer duties that I have signed up for through the Colleton County School District. I have read the Colleton County School District Volunteer Regulations, Guidelines, and Procedures dated December 8, 2021 and I promise to follow them.
2. **Volunteer not Employee.** I understand and agree that my volunteer service is in no way an offer of or employment by the Colleton County School District and that I shall not receive, nor be entitled to receive, any compensation, reimbursement, or remuneration for my participation in my volunteer service. Further I agree to release the Colleton County School District from any and all claims to compensation, reimbursement, or remuneration related to my volunteer service. I also understand and agree that at no time will I be considered or deemed to be an employee of the Colleton County School District, nor am I an agent for anything other than my assigned volunteer duty.
3. **Services Refused.** I understand and agree that the Colleton County School District may refuse to accept my volunteer service at any time, whether with justification or not, and at that point I must stop providing those services and stop holding myself out to 3rd parties as a volunteer.
4. **Compliance With Safety Rules.** I agree that I will comply with all Colleton County School District safety rules and procedures. This includes instructions regarding COVID-19 mitigation procedures, which include social distancing (6 feet distance between individuals), wearing a cloth face covering, and maintaining frequent hand-washing/sanitizing.
5. **Confidential Information.** I understand that during my volunteer service, I may have access to, or may observe, certain information that is confidential in nature

and I hereby agree to execute the Colleton County School District Volunteer Confidential Information Agreement and be bound by its terms which are incorporated herein as if fully written.

6. **Health Certification.** I certify that have had no recent known or suspected exposure to a contagious disease and have had no recent operation or serious illness that would interfere with my responsibilities as a Volunteer.
7. **Insurance Not Provided by Colleton County School District.** I understand that as a volunteer, I do not receive from the Colleton County School District any medical or workers' compensation insurance which would cover me for injuries or death sustained while performing volunteer services. If I believe I need such insurance, then I am solely responsible for procuring such insurance on my own.
8. **Mandated Reporters.** South Carolina Law (S.C. Code An. Section 63-7-310) requires certain professionals and other individuals, including volunteers, to report suspected cases of child abuse or neglect.

When a volunteer has a reasonable belief that a child's physical or mental health may be or has been adversely affected by abuse or neglect, they must report it to D.S.S. or to law enforcement.

- Report to the Colleton County Department of Social Services when a parent or guardian is alleged perpetrator (843) 549-1894 or South Carolina Department of Social Services at (888) 227-3487- 24 hour hotline
- Report to local law enforcement when the alleged perpetrator is not a parent, guardian, or a person responsible for the child's welfare (Colleton County Sheriff – 843-549-2211 or City of Walterboro Police 843-549-1811).

A person who is required to report and fails to do so is guilty of a misdemeanor. Person convicted may be fined up to \$500, imprisoned for up to six months, or both.

9. **Acknowledgement and Assumption of Risk.** I understand that volunteer service by nature is not without risk. The same elements that contribute to the unique character of volunteer service, such as exposing oneself to the workplace elements and interaction with others, involve risks of accidental injury to volunteers, illness, or in extreme cases, permanent trauma or death. I herein acknowledge that knowingly and freely assume all such risks on behalf of myself, both known and unknown, even if arising out of the negligence of the persons released from liability below. I assume responsibility for my participation in volunteer service, and I willingly assume full responsibility for myself, for expenses, loss of personal property, bodily injury, and/or death arising out of, or in any way connected with, volunteer service.
10. **Acknowledgment and Assumption of Risk Relating to COVID-19.** Despite the COVID-19 mitigation efforts enacted, the Colleton County School District cannot prevent volunteers from becoming exposed to or contracting the COVID-19 virus.

It is not possible to prevent against the presence of the disease. Therefore, if you acknowledge that by choosing to volunteer I may be exposing myself to and/or increasing my risk of contracting or spreading COVID-19.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. By volunteering, I hereby choose to accept the risk of contracting or being exposed to COVID-19. Further, I acknowledge that I will not volunteer if I have knowingly been exposed to and/or am showing symptoms of COVID-19.

11. **Release from Liability. IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE AS A VOLUNTEER, I AGREE TO RELEASE, AND HOLD HARMLESS, THE COLLETON COUNTY SCHOOL DISTRICT, INCLUDING ITS TRUSTEES, OFFICIALS, EMPLOYEES, AND AGENTS ("RELEASEES") FROM AND AGAINST ANY AND ALL LOSSES, EXPENSES, CLAIMS, ACTIONS, LIABILITIES, AND JUDGMENTS (INCLUDING ATTORNEY FEES THROUGH THE APPELLATE LEVELS), WHICH I MAY SUSTAIN OR SUFFER AS A RESULT OF OR ARISING OUT OF MY PARTICIPATION IN THE VOLUNTEER SERVICE, WHETHER CAUSED BY THE NEGLIGENCE, ACTION, OR INACTION OF THE RELEASEES OR PERSONS ACTING ON THEIR BEHALF OR OTHERWISE EXCEPT TO THE EXTENT THAT SUCH DAMAGE OR INJURY IS CAUSED BY THE WILLFUL MISCONDUCT OF THE RELEASEES, AND I COVENANT NOT TO SUE OR TAKE ACTION AGAINST THE RELEASEES EXCEPT AS SET OUT HEREIN.**

This release shall bind the members of my family, my estate, heirs, administrators, personal representatives, or assigns and anyone else who might have a derivative cause of action from any injury to me or my property. I also agree that I shall be fully and solely responsible for any and all loss or damage that I inflict upon any person or upon the Colleton County School District's and/or rented facilities during my participation in the volunteer service, and I will indemnify the Colleton County School District for any loss it sustains as a consequence of my negligence, intentional, willful, grossly negligent, or reckless acts or omissions.

12. **Release as Broad as Permitted by Law.** I understand that this release is intended to be as broad and inclusive as is permitted by the laws of the State of South Carolina.
13. **Understanding Acknowledged and Age Attested.** I acknowledge that I have fully informed myself of the contents and meaning of this Volunteer Service Agreement & Release, understand that I have given up substantial legal rights by signing it, and I do voluntarily sign it of my own free will without inducement and as a condition of being allowed to participate in the volunteer service. Further, by signing this agreement, I attest to the fact that I am eighteen (18) years of age or older.

14. **Photographic Release.** Volunteer does hereby grant and convey unto Colleton County School District all right, title, and interest in any and all photographic images and video or audio recordings made by Colleton County School District during the Volunteer's activities with the Colleton County School District, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
15. **Indemnification.** I AGREE TO INDEMNIFY, DEFEND, AND SAVE HARMLESS THE COLLETON COUNTY SCHOOL DISTRICT, ITS TRUSTEES, OFFICERS, DIRECTORS, AND EMPLOYEES (COLLECTIVELY, "INDEMNIFIED PARTIES"), FROM AND AGAINST ALL LIABILITY, LOSS, COST, OR EXPENSE (INCLUDING ATTORNEY'S FEES) BY REASON OF CLAIMS, SUITS, AND/OR LIABILITY IMPOSED UPON THE INDEMNIFIED PARTIES ARISING OUT OF OR RELATED TO MY ACTIONS IN PARTICIPATING IN VOLUNTEER ACTIVITIES, WHETHER CAUSED BY OR CONTRIBUTED TO SOLELY BY ME OR PARTLY BY ME AND A 3RD PARTY OR ANY PARTY INDEMNIFIED HEREIN, UNLESS CAUSED BY THE SOLE NEGLIGENCE OF THE PARTY INDEMNIFIED HEREIN.
16. **Severability.** If any provision of this agreement is held illegal or unenforceable in a judicial proceeding, such provision shall be severed and shall be inoperative, and the remainder of this agreement shall remain operative and binding on the parties.

In consideration of the right to participate in volunteer service, I agree to be bound by the foregoing, which I have read, and authorize and consent to the release and disclosure of any and all information.

Volunteer's Signature: _____ Date: _____

Volunteer's Address: _____

Witness Signature: _____ Date: _____

Witness Printed Name: _____

Witness Address: _____

Emergency Contact

Contact Name: _____ Relationship: _____

Contact Telephone Number: _____



Volunteer/Confidentiality Agreement
Colleton County School District

Thank you for your interest in volunteering in the Colleton County School District. Volunteers provide a valuable service to our schools and the District appreciates the time, talent, commitment, and energies given by all volunteers.

The continued safety of our students and staff is a top priority for the district as is the protection of confidential student information. Volunteers are encouraged to report any inappropriate behavior that they observe to the building administrator, their supervisor, or the District's Assistant Superintendent of Human Resources.

CONFIDENTIALITY AGREEMENT

By spending time in the schools as a volunteer, you may see and hear information about students' work and behavior that need to remain confidential. Further, you may, under limited circumstances, have access to student education records and other student information.

CCSD students have the right to expect that information about them will be kept confidential by all volunteers. Additionally, the U.S. Congress has addressed the privacy-related concerns of educators, parents, and students by enacting the Family Educational Rights and Privacy Act ("FERPA").

Volunteers shall not repeat anything that happens to or about a student or to staff member to anyone other than authorized school department employees as designated by the administrators of the CCSD school at which they are volunteering. Confidential information shall not be discussed in any form, including any type of social media. Volunteers shall not ask a student personal questions that will invade their right to privacy, however, they should listen without judgment if students wish to share. Though volunteers should respect the confidentiality of any information a student may share, if a safety or at-risk issue is revealed a volunteer shall share this information with the teacher or an administrator as soon as possible.

Volunteer Initials: _____

In consideration of being permitted to participate as a CCSD volunteer, you agree to the following:

1. I will not discuss with others the identity of any student at any CCSD school, event, or program;
2. I will not discuss with others the content of any specific student records, nor will I disclose personally identifiable student information;
3. I shall, upon my discovery, immediately report any breach or suspected breach in confidentiality, to the teacher, school principal, or the District's Assistant Superintendent of Human Resources;

4. I will not share information about a student even with others who are genuinely interested in the student's welfare, such as social workers, grandparents, relatives, or nurses/physicians. A grave medical emergency, in which confidential information may be necessary for a student's care, is an exception; and
5. I understand that questions about individual students or the content of confidential student records must be directed to a teacher, principal, or appropriate CCSD administrator only.

Printed Name: _____ Address: _____

Signature: _____ Date: _____

Witness: _____

District Official: _____

Signature: _____ Date: _____

Volunteer Initials: _____



**COLLETON COUNTY SCHOOL DISTRICT
CONSUMER AUTHORIZATION AND RELEASE**

In connection with **COLLETON COUNTY SCHOOL DISTRICT** considering me for volunteer services, I authorize **COLLETON COUNTY SCHOOL DISTRICT** and or its agent, Background Investigation Bureau ("BIB") to obtain a consumer report, criminal background check report, investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers and/or references.

I authorize, without reservation, any person or entity contacted by **COLLETON COUNTY SCHOOL DISTRICT**, or its agent, Background Investigation Bureau ("BIB") to furnish the above stated information and I release any such person or entity from any and all liability for furnishing such information. I further release **COLLETON COUNTY SCHOOL DISTRICT**, its affiliated companies, their officers, employees, and agents, and specifically, Background Investigation Bureau ("BIB"), their affiliated companies, their officers, employees, and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the application process, will disqualify me from consideration. By my execution hereof I acknowledge I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for volunteer service.

PLEASE PRINT (Use Blue or Black Ink)

FULL LEGAL NAME _____ DOB* _____ SS# _____

OTHER NAME USED _____

Name exactly as it appears on Driver's License _____

CURR.
ADDR. _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

PREV.ADDR. _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

PREV.ADDR. _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

Signature _____ Date _____

LIST ALL CITY/STATES RESIDED IN SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

*** "DATE OF BIRTH" (DOB) or "Age" will be used solely for the purpose of identification in doing background checks and will not be considered or used for any other purpose.**



**COLLETON COUNTY SCHOOL DISTRICT
CONSUMER AUTHORIZATION AND RELEASE**

CONSUMER DISCLOSURE (FCRA-1)

In connection with **COLLETON COUNTY SCHOOL DISTRICT** considering me for volunteer service, **COLLETON COUNTY SCHOOL DISTRICT** may obtain a consumer report, criminal background check report, and investigative consumer report on you to include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with employers and/or references. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

PRINT NAME

DATE

SIGNATURE

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT



**COLLETON COUNTY SCHOOL DISTRICT VOLUNTEER PROGRAM
REGULATIONS, GUIDELINES, AND PROCEDURES
December 8, 2021**

Regulations & Guidelines

1. All volunteers will record their volunteer hours by signing in and out of a district approved timekeeping system.
2. All volunteers must complete the volunteer application process. This includes completing the volunteer application forms, attending a new volunteer orientation, and have background checks conducted (SLED, National Sex Offender Registry, DSS Child Abuse and Neglect Registry and web-based networking systems).
3. Any volunteer applicant who does not disclose the applicant's criminal background will not be eligible for service.
4. Volunteers who remain active do not need to submit an application annually. Volunteers without documentation of service for one full school year will be removed from the list of approved volunteers and filed inactive.
5. Volunteers will not receive any compensation from Colleton County School District or anyone else for serving as a volunteer.
6. Volunteers are helpers only. The direction of the students is the responsibility of the principal and teachers and cannot be turned over to a volunteer. A volunteer supports the objectives of the school district.
7. Volunteers should never give students gifts. A volunteer's time, talents and support are all that is needed.
8. Disabled individuals needing reasonable accommodations to participate in and enjoy volunteering, programs and activities of Colleton County School District are required to notify the administrator at the school or location of service or program is offered, in advance to request reasonable accommodations.
9. If a volunteer has any questions about a policy or procedure, the volunteer should follow the proper channels within the school and ask the appropriate person: the teacher

or staff person they report to, principal, or district volunteer coordinator. It is best to start with the teacher or staff person.

10. Volunteers are asked to make other arrangements for young children in their care while volunteering. Volunteers agree to focus on the volunteer assignment without distraction and district liability insurance does not cover non-students and non-volunteers.

11. Volunteers and volunteer organizations handling money and fundraising efforts must adhere to board policy and administrative rule for Foundations/Booster Clubs and other organizations. All volunteers handling funds should have a background check conducted and thorough training on policies and procedures to reduce opportunities for errors.

Safety, Health and Legal

1. **Sign-in/check-out:** Each time a volunteer is volunteering on a Colleton County School District campus, the volunteer must sign-in, wear a nametag, and sign-out when leaving. This requirement is necessary for the following reasons:

1. Safeguarding our students and campus security is a priority.
2. In case of an emergency, the volunteer can be located.
3. While volunteering at a school for a specific purpose, individuals are covered by the district liability insurance if they are an approved volunteer and signed in.

2. **Mandated Reporters:** South Carolina Law (S.C. Code An. Section 63-7-310) requires certain professionals and other individuals, including volunteers, to report suspected cases of child abuse or neglect.

When a volunteer has a reasonable belief that a child's physical or mental health may be or has been adversely affected by abuse or neglect, they must report it to D.S.S. or to law enforcement.

- Report to the Colleton County Department of Social Services when a parent or guardian is the alleged perpetrator (843-549-1894)
- Report to local law enforcement when the alleged perpetrator is not a parent, guardian or a person responsible for the child's welfare (Colleton County Sheriff – 843-549-2211 or City of Walterboro Police 843-549-1811).

A person who is required to report and fails to do so is guilty of a misdemeanor. Person convicted may be fined up to \$500, imprisoned for up to six months, or both.

3. **Safety:** Volunteers should be aware of the playground and classroom regulations, fire drill and lockdown procedures, and any specific classroom, school or program safety needs.

4. **Volunteer Contact with Students:** Citizens wishing to volunteer must complete the volunteer application process and be orientated prior to service. Colleton County School District is entrusted with one of the community's most valued resources, the

education of children through public funding. Approved volunteers are an important part of the process of educating all children to their highest potential. However, supervisors of volunteers must be diligent in all situations involving children so that personal conduct and judgment of volunteers can be monitored and deemed worthy of the public's trust while ensuring the safety and confidentiality of all.

5. **Hazardous Weather:** In the case of hazardous weather, volunteers should follow the same procedures as school staff. Information about the delayed opening of schools or early dismissals will be communicated to the local media.

6. **Bloodborne Pathogens:** Colleton County School District volunteers should never come in contact with blood or other body fluid. If any situation occurs where bodily fluids are present, volunteers must obtain immediate assistance from a school staff person.

7. **Liability Insurance:** Approved Colleton County School District volunteers that have completed the Volunteer Agreement are covered by the same liability insurance that covers district employees. School staff must report all liability claims to the risk management office and principal as soon as possible.

8. **Personal Insurance Coverage:** District liability insurance does not cover injury or illness of the volunteer. In the event of injury or illness, the volunteer will be responsible for the payment of the volunteer's incurred medical expenses.