

School: Click here to enter text.
 Teacher: Click here to enter text.

SOUTH CAROLINA LAW ENFORCEMENT DIVISION

NIKKI R. HALEY
Governor



MARK A. KEEL
Chief

CRIMINAL RECORDS CHECK

I understand that **Florence School District One** will conduct a background investigation through the South Carolina Law Enforcement Division. Any criminal activities on a SLED Criminal Records Check will be handled by administration and participation in school or district activities will be contingent upon administrative approval. By my signature below, I hereby consent to the administration conducting and using the information gained through the criminal history background check to determine my eligibility to become a volunteer in the District.

 Signature

 Date

Section I: Please complete Sections I & II and return form with your volunteer application. Print clearly

Full Name (with middle name): _____

Maiden Name (or any other names used): _____

Date of Birth: _____ / _____ / _____ Race: _____ Sex: _____
Month Date Year

Social Security Number: _____ - _____ - _____

Section II: List child(ren) attending this school.

Please note: *PROCESSING CAN TAKE UP TO FOUR WEEKS.* Please submit this form to ONLY ONE SCHOOL where your child/children attend. Applicants should contact that school to find out if his/her name has been placed on the approved volunteer list.

 Last Name First/Middle Name Grade

 Last Name First/Middle Name Grade

 Last Name First/Middle Name Grade

 Last Name First/Middle Name Grade

Section III: To be completed by FSD1 administration.

- Approved - Level 1 Volunteer
- Approved - Level 2 Volunteer
- Not Approved

FSD1 Authorization _____ Date _____
 FSD1 Authorization _____ Date _____
 FSD1 Authorization _____ Date _____