

School Name: _____

Teacher: _____

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.

I am requesting approval to participate in the following activity. (Check all that apply)

- Mentoring
- Tutoring
- Club Sponsorship

**This form is not applicable for field trips or school volunteering activities approved by the school principal*

Please submit this form to **The Office of Public Relations.** You will receive additional information about training and assignments.

Signature

Date

Section I: REQUIRED *Please complete Sections I & II. Print clearly.*

Full Name (with middle name): _____

Maiden Name (or any other names used): _____

Date of Birth: ____/____/____ Race: ____ Sex: ____ Social Security Number: ____ - ____ - ____
Month Day Year

Section II: OPTIONAL *Please list students you are interested in mentoring or tutoring.*

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 _____