

SC School for the Deaf and the Blind Volunteer Application

Thank you for your interest in volunteering with SCSDB. To be considered for placement as a volunteer, please complete this application and enclose an application fee of \$10. Volunteer placement is contingent upon receipt of satisfactory background screening results.

Please return these forms with a copy of your driver's license and the \$10 fee to the Volunteer Coordinator at:

SCSDB
355 Cedar Springs Road
Spartanburg, S.C. 29302

Applicants are placed in volunteer roles based on departmental needs. Some positions may require specialized skills or training. Applicants will be contacted if a position is available that meets their interest, skill level, and availability.

Date of Application: _____

Affiliation:

Community Member Parent/Guardian College Student Other _____

Last Name _____ First Name _____ Middle/Maiden Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Other: _____

Email Address: _____ Social Security #: _____

Driver's License#: _____ State: _____ Date of Birth: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

College Currently Attending (if applicable): _____ Major: _____

Supervising College Staff Member _____

Schools/Colleges Attended	Degree	Major
_____	_____	_____
_____	_____	_____
_____	_____	_____

Current or Most Recent Employer: _____

Supervisor: _____ Phone _____ May we contact your supervisor? Yes No

Other work experience that may be helpful for us to know: _____

I can begin volunteering (Start Date): _____ End Date: _____

If an Internship, number of hours required: _____

Area of Interest: Please check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Classroom/Teacher Support | <input type="checkbox"/> Clerical Support | <input type="checkbox"/> Field Trips |
| <input type="checkbox"/> Residential Advisor Support | <input type="checkbox"/> Athletic Events | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Tutoring Subjects _____ | <input type="checkbox"/> Fine Arts Club | <input type="checkbox"/> Other |

I am available to Volunteer: Monday Tuesday Wednesday Thursday As needed Other (Please describe)
_____ to _____ to _____ to _____ to _____

School of Choice: Please check all that apply:

- School for the Deaf (must know ASL) School for the Blind Residential Program
 Cedar Springs Academy Other _____

Do you have skills in American Sign Language or Braille? Is so, please provide details:

Have you ever been convicted of a felony? Yes No
If yes, please explain _____

SCSDB reserves the right to deny a request for volunteer services if it is determined it is in the best interest of the student(s). This determination is within the sole discretion of the agency. _____ (Initial Here).

Orientation and Certifications: All volunteers must have a background screening completed, attend an orientation session, and sign the Volunteer Agreement BEFORE engaging in services with the SC School for the Deaf and the Blind. _____ (Initial Here).

Authority to Release Information: By my signature, I consent to the release of information to authorized officers, agents, and/or employees of the State of SC which may include but not limited to information concerning my past or present volunteer work; including my personnel files; attendance records; evaluations; law enforcement records; and/or any personnel records deemed necessary. I further release the organization, law enforcement organization, and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for Volunteer services with the SC School for the Deaf and the Blind. _____ (Initial Here)

Certification of Volunteer Applicant: By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in the exclusion from further consideration or, if selected to volunteer, termination of the volunteer relationship. I understand that if I am accepted as a Volunteer at SCSDB that my volunteer services may be terminated at any time with or without notice for any reason deemed appropriate by the agency. As I volunteer, I agree to follow all rules, policies, and procedures of SCSDB which are applicable to my volunteer services. _____ (Initial Here)

Signature: _____ Date: _____

*****Office Use Only*****

Supervisor/Division _____

Orientation Completed (date): _____ Volunteer Agreement/Confidentiality Statement (date): _____

ID Badge (date): _____ Parking Pass (date): _____

Additional Notes: _____

