



Where Children and Learning Are One

**Lexington County School District One  
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 through the State Law Enforcement Division (SLED).

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 where you anticipate volunteering:  
\_\_\_\_\_