

School: _____

Date: _____

Dear Volunteer or Chaperone,

Thank you for your interest in being a volunteer or chaperone for Decatur County Community Schools! Our faculty and staff are making every effort to ensure that all students are supervised by a responsible adult and have a safe and educational experience. As part of this effort, we require all volunteers and chaperones to undergo a limited criminal history check.

Please complete the form below and return it to your student's school to be considered for volunteer and/or chaperone positions. Anyone refusing to agree to this request will not be permitted to participate in field trips and/or possible other school functions.

Please print clearly

Full Legal Name:

(First) (Middle Initial) (Last)

Other Names Used (Maiden/Married/Nickname):

Date of Birth:

Social Security Number (optional):

_____-_____-_____
(Month, Day, Year)

Physical Address:

(Street)

(City) (State) (Zip Code)

Driver's License Number (Required for drivers):

Name of Student/s: **Grade:**

Thank you for your cooperation in keeping our kids safe!