



As a volunteer with Aiken County Public Schools, you will join Aiken County residents from all walks of life who willingly share their time and talents in our schools in a variety of ways. Volunteers are a vital part of the educational system and are indeed making a difference for students.

Student Section (If you have a student who attends ACPS):

Student: _____ **Grade:** _____ **School:** _____

Parent Section

Parent Name:		Phone:	
Date of Birth:		Driver's License #/State:	
Address:			
Email Address:			

Emergency Contact

Name:	
Contact:	
Relationship to You:	

Volunteering

Preferred Level:	Elem.	Middle	High
Preferred School? Why?			

Hours and days available to volunteer (Check boxes or add custom time in bottom row):

Shift	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (before 12p)					
Afternoon (after 12p)					
Custom Time					

Certifications

First Aid Certified?	YES	NO
If yes, provide date of expiration.		

References - (personal or professional/work-related)

Name:	
Contact Phone:	
Email	

Previous Work or Volunteer Experience:	
Current Employer	
Other organizations with which you've volunteered:	
Language(s) Spoken:	
Physical Limitations:	
Description of training, skills or experience relevant to volunteering in ACPS:	

Volunteer Interests (Check all that apply)

- Field Trip Chaperone
- Academic Assistance (one on one tutor, small group support, classroom assistance)
- Curriculum enrichment programs (drama, arts & crafts, music, science)
- Working with special populations (special education, English as a second language, gifted and talented)
- Clerical/non-academic support (lunch or playground support, office support, library support)
- Outdoor work (landscaping, help with outdoor classrooms, gardening, etc.)
- Coaching sports teams.
- Mentoring/tutoring.
- Job shadowing, career fair, internships.

Volunteer Signature: _____

Date: _____



 SCAN ME

Scan QR code to watch short training video.

