



Boiling Springs High School Band Boosters
PO Box 160098 Boiling Springs, SC 29316
www.bshbb.org

Volunteer Application

2023-2024 School Year

Please submit this form with picture ID to Band Board Designee

For Principals
Interaction with Students?
(Please Initial Below)
___ Yes ___ No
___ School Approval
For DO:
___ District Approval

Full Name _____ Maiden Name _____

Address _____ Social Security Number _____

City _____ State _____ Zip Code _____

Phone Number: Home _____ Mobile _____ Work _____

Email Address _____

Date of Birth: (Month/Date/Year) _____ Gender: Male Female

Copy of Picture ID attached ___ Yes ___ No (Copy of Picture ID is required)

How long have you been a resident in South Carolina? _____

Have you ever been convicted of a felony? ___ Yes ___ No If Yes, provide date(s) and disposition (s)

Emergency Contact Information:

Name: _____ Phone Number: _____

School: Boiling Springs High School/District 2 Date(s) Requested - 2023/2024 School Year

I certify that the information provided on this application is true and complete to the best of my knowledge, and agree that falsified information or significant omissions may disqualify me from volunteering in the schools or programs associated there in. I give authorization to Spartanburg School District Two, and/or The Boiling Springs High School Band Booster Board designee(s) to conduct an investigation into my background and understand this is part of the requirement prior to becoming a volunteer. I understand that Spartanburg School District Two, Boiling Springs Band, Boiling Spring Band Boosters will not be responsible for any personal injury or property loss that may occur to me while performing volunteer services. I also understand that I will not receive any compensation from Spartanburg School District Two, The Bands of Boiling Springs, The Boiling Springs Band Boosters, or any entity, group, or individual for serving as a volunteer. I also understand that my service as a volunteer is conditional upon the Band Booster/District's receipt of a satisfactory background check and submission of a picture ID.

Applicant Signature: _____

Date: _____

Authorized Booster Signature: _____

Date: _____

Principal Signature: _____

Date: _____