DATE_____

APPLICATION FOR SCHOOL VOLUNTEER
STEWART COUNTY BOARD OF EDUCATION

PO Box 433, 1031 Spring Street - Dover, Tennessee, 37058 - (931)232-5176

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____

TELEPHONE: _____ _____
HOME OTHER/CELL

EMAIL ADDRESS: _____

BIRTHDATE: _____ SSN: _____

VOLUNTEERING AT:

- ☐ DOVER ELEMENTARY SCHOOL
- ☐ NORTH STEWART ELEMENTARY SCHOOL
- ☐ STEWART COUNTY MIDDLE SCHOOL
- ☐ STEWART COUNTY HIGH SCHOOL
- ☐ OTHER

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

_____

_____

My signature on this application authorizes Stewart County Schools to conduct a background investigation and authorizes release of information in connection with my application for employment/volunteering. I authorize the investigation of all statements contained in this application. I understand that all volunteer opportunities are contingent upon the review of background investigations and other relevant information. Any misleading or incorrect statements, omissions, or failure to disclose criminal convictions may remove this application from further consideration.

Signature: _____ Date: _____