

Lexington County School District One

Online Volunteer Application

Step by Step Instructions

Dear Applicant,

Thank you for your interest in volunteering with Lexington County School District One.

The following information is intended to assist you in completing the online volunteer application.

Should you have any questions regarding this process, please contact your school's volunteer coordinator.

Sincerely,

Shannon Williamson
Executive Secretary, Human Resources Department

English Application Link: <https://apps.raptortech.com/Apply/NjY0OmVuLVVT>

Spanish Application Link: <https://apps.raptortech.com/Apply/NjY0OmVzLVVT>



Welcome to Lexington County School District One Volunteer Application

We appreciate your interest in volunteering for the Lexington County School District One Volunteer Program. In an effort to ensure the safety of our students, we have implemented additional safety precautions for prospective volunteers and vendors.

Our district offers a variety of activities you may choose from when volunteering your time. Simply complete and submit a volunteer application and upon approval you will receive instructions on the next steps. Please note the following:

All Volunteers and Vendors:

1. Must undergo a criminal history screening prior to approval.
2. Must be 21 years of age or older.

It is very important that the information you enter on the application matches your government issued identification card, including your full legal name. It is important that you provide a valid email address so you can be notified as to the status of your application and for future communication. All information collected on the application will remain confidential and will not be shared outside the volunteer program.

Please note that the approval process could take anywhere from two to four weeks. If you have any questions about the application, please contact your school's volunteer coordinator.

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Page 1 - Welcome

When you access the online application, the first page you will see is the Welcome Page. Once you have read everything on the Welcome Page, click **Next**.

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Welcome Personal Information School Preferences Functions Organizations Disclaimer Done

Personal Information

Legal First Name *	Address Line 1 *
<input type="text"/>	<input type="text"/>
Legal Middle Name	Address Line 2
<input type="text"/>	<input type="text"/>
Legal Last Name *	City *
<input type="text"/>	<input type="text"/>
Maiden Name	State *
<input type="text"/>	<input type="text"/>
Gender *	Zip Code *
<input type="text"/>	<input type="text"/>
Date Of Birth *	Phone Number *
<input type="text"/>	<input type="text"/>

Page 2 - Personal Information

Please enter all your personal information on Page 2. It is important to enter your name as it appears on your Drivers' License. Once this information is entered, **scroll down** to enter more requested information.

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Date Of Birth *

Phone Number *

Affiliation *

Email *

Preferred Language (for future communications) *
English

Emergency Contact Name and Phone Number

Have you been charged or convicted of a crime within the last 10 years? *
Please select one

If applying for multiple schools, please let us know the location from which you would like to pick up your Volunteer ID card. *
Please select one

If you are a VENDOR, please list the organization with which you're associated.

If there is a particular student with whom you are associated, please list the name(s) here:

Please note: An email will be sent to the email address entered to inform you of the status of your application. If you do not have access to email, please enter noreply@lexington1.net and a district administrator will call you regarding the status.

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Page 2 - Personal Information (continued)

For the question that states, “If there is a particular student with whom you are associated, please list the name(s) here,” please note that you are able to list more than one name/student if you have more than one child that attends a school in our district. This information will be visible to front office personnel when you sign in at the school.

For the question that states, “If you are a VENDOR, please list the organization with which you are associated,” please note that this question is intended for persons who work with an after school program or organization that receives payment from students/parents or the district for services rendered. If you do not fall under this category, please leave this question blank.

Once all information on the Personal Information page is completed, click **Next**.

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Maiden Name

Gender *

Date Of Birth *

Affiliation *

Preferred Language (for future communications) *
English

Emergency Contact Name and Phone Number

If applying for multiple schools, please let us know the location from which you would like to pick up your Volunteer ID card. *

Have you been charged or convicted of a crime within the last 10 years? *
No

If you are a VENDOR, please list the organization with which you're associated.

Please confirm the accuracy of the following information—which must match your government-issued ID. If your first, middle, last name, and date of birth is incorrect, your application will not be processed correctly.

Legal First Name <input type="text"/>	Legal Middle Name <input type="text"/>	Legal Last Name <input type="text"/>
Date Of Birth <input type="text"/>	Email <input type="text"/>	

A confirmation box will appear asking you to Confirm that all the information you entered on the previous page is as it appears on your government-issued ID. Please make corrections, if needed, and click the blue **Confirm** button.

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Please select the schools at which you wish to volunteer

Elementary Schools

<input type="checkbox"/> Carolina Springs Elementary School	<input type="checkbox"/> Deerfield Elementary School	<input type="checkbox"/> Forts Pond Elementary School	<input type="checkbox"/> Gilbert Elementary School
<input type="checkbox"/> Meadow Glen Elementary School	<input type="checkbox"/> Gilbert Primary School	<input type="checkbox"/> Lake Murray Elementary School	<input type="checkbox"/> Lexington Elementary School
<input type="checkbox"/> Pleasant Hill Elementary	<input type="checkbox"/> Midway Elementary School	<input type="checkbox"/> New Providence Elementary School	<input type="checkbox"/> Oak Grove Elementary School
<input type="checkbox"/> White Knoll Elementary School	<input type="checkbox"/> Red Bank Elementary School	<input type="checkbox"/> Rocky Creek Elementary School	<input type="checkbox"/> Pellon Elementary School
			<input type="checkbox"/> Saxe Gotha Elementary School

Middle Schools

<input type="checkbox"/> Beechwood Middle School	<input type="checkbox"/> Carolina Springs Middle School	<input type="checkbox"/> Gilbert Middle School	<input type="checkbox"/> Lexington Middle School
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Page 3 - School Preferences

On Page 3 you will be able to select the buildings/schools in which you would like to volunteer. There is no limit to the number of schools you can select. Be sure to scroll down so that you can make selections for Middle Schools and High Schools.

Once you have made all of your selections, click **Next**.

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Please select the functions from the list below (select all that apply)

Functions available at all schools (functions are activities for which you can volunteer)

VOLUNTEER VENDOR

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Page 5 - Functions

This page allows you to select the Function, or capacity in which you will be volunteering.

If you entered an organization name on Page 2 - Personal Information, please select the VENDOR option. If you left that question blank, please select VOLUNTEER. We do not advise selecting both options to prevent confusion.

Once you have selected the appropriate Function, click **Next**.



Please read the disclaimer below and provide your signature

By providing your signature, you are agreeing to abide by the rules and regulations of the Lexington County School District One Volunteer Program. One or more of the volunteer activities you have selected may require you to provide your United States social security number so we can perform a criminal background check. Your social security number will only be used for this purpose and we do not retain this information. You also understand that your application could take 2-4 weeks to process once submitted.

By signing below, I authorize Lexington County School District One to conduct a background investigation, and I authorize the release of relevant information as determined by the administration in connection with my application for employment or volunteer approval. This investigation will include a National Criminal Database search, social security number verification, address verification, terrorist watch list, and may include personal information from sources such as criminal or civil convictions, driving records, previous employers, educational institutions, personal references, and other appropriate agencies or individuals. I waive my right of access to all such information. Without limitation, I hereby release Lexington County School District One and all references and data sources from any liability in connection with the release or use of the information. I further understand that all background materials and information from all sources become the property of Lexington County School District One.

Lexington County School District One (District) will perform a screening against registered sex offender databases in all 50 states, on all volunteers, including coaches, mentors, chaperones, and those serving in any other capacity resulting in direct interaction or contact with students. Individuals whose names appear on the National Sex Offender Registry will not be permitted to serve in the District in any capacity. Additionally, the District will not employ individuals or allow individuals to volunteer in any capacity, who have been required to register as sex offenders pursuant to S.C. Code Ann. § 23-3-430. Should an individual whose name appears on the National Sex Offender Registry wish to provide additional information relevant to his/her designation on said registry, the District will consider the matter on a case by case basis.

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. 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.

A summary of your rights under the Fair Credit Reporting Act can be found here: <https://www.consumerfinance.gov/learnmore/>

Lexington County School District One is committed to a policy of nondiscrimination and equal opportunity for all students, parents/legal guardians, staff, visitors, personnel and community members who participate or seek to participate in its programs or activities. Therefore, the district does not discriminate against any individual on the basis of race, religion, sex (including pregnancy, childbirth, or any related medical conditions), color, disability, age, genetic information, national origin, or any other applicable status protected by local, state, or federal law. The district will use the grievance procedures set forth in policy to process complaints based on alleged violations of Title VI of the Civil Rights Act of 1964; Title VII of the Civil Rights Act of 1964; Title IX of the Education Amendments Act of 1972; Section 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975; the Age Discrimination in

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Page 6 - Disclaimer

The application will bypass Page 5 - Organizations, as we have not made that option available on our application. The next page you will see is Page 6 - Disclaimer. It is important to read all the information on this page. Be sure to **scroll down** to read the disclaimer in its entirety and complete the requested information.



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Name

Signature *

Social Security Number *

Your social security number will not be saved or used for any other purpose

By signing your name you agree to all the above statements. Use the mouse or touch screen to sign.

Re-Enter Social Security Number *

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Page 6 - Disclaimer (continued)

At the bottom of Page 6 - Disclaimer, you should see your name pre-filled. Please enter your social security number where indicated. You are required to enter it twice to ensure accuracy. Complete the digital signature, and click **Next**.

