



RANKIN COUNTY SCHOOL DISTRICT PARENT VOLUNTEER FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Employer: _____

References:

1: _____
NAME ADDRESS PHONE

2: _____
NAME ADDRESS PHONE

School / Student: _____ Phone: _____

Have you ever been charged with or arrested or convicted of a civil or criminal sexual offence?

Yes

No

*I understand there is a possibility that a background check
may be required if assigned as a volunteer / chaperone.*

Volunteer's / Chaperone's: _____
SIGNATURE DATE

Principal's Signature: _____
SIGNATURE DATE

Return this completed application to the school where you wish to volunteer/chaperone.