

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.

Name:			
Phone:	Address:		
Email:			
Date of Birth:			
Driver's License #:			
Do you have a student in ACPS? If s	so, what school and grade	e?	
Preferred level for volunteering (ele	mentary, middle, high sch	100l):	
Preferred school; why?			
Reason for volunteering: (n)-8C (eeri))-{n)-{g)-gsgs ww eW*nŒQ	71 /098DC (192022)eW*nB77F39911(01 20 4)#34304 hvo h
Emergency Contact:			
Emergency Contact Phone:			
Relationship of contact:		1	
Previous Work or Volunteer Experien	nce:		
Highest Education Level Achieved:			
Current Employer:			
O ther organiza tions with which you'	've volunteered:		

Language(s) spoken:	
Physical Limitations:	