

# Bridgewater Academy Volunteer Application

Volunteer Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_

School(s) of choice: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: Male Female Date of Birth: \_\_\_\_\_

1. Have you ever lived outside the state of SC? Yes No If yes, please provide Social Security Number for background check purposes: \_\_\_\_\_

2. Have you ever been convicted by federal, state, or other law enforcement authorities or pleaded nolo contendere (no contest) for violation of any federal law, state law, county or municipal law, regulation, or ordinance, including fraudulent checks (do not include any offense or minor traffic violations for which a fine of \$30 or less was imposed)? Yes No  
If yes, please provide a written description of offense:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please indicate volunteer interests by circling all that apply:

Fieldtrip Chaperone (including over night)    Mentor /Reading Buddy    Non-Parent Volunteer  
Small Group Leader    Office/Media/Classroom Helper

By signing below, I authorize a criminal background check to be conducted and hereby agree to abide by the confidentiality requirements pertaining to students and staff.

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

# 2017-2018 Prototype Household Application for Free and Reduced Price School Meals

Complete one application per household. Please use a pen (not a pencil).

## STEP 1

List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.	Child's First Name	MI	Child's Last Name	Grade	Student?		Homeless, Migrant, Runaway										
					Yes	No											
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Check all that apply

## STEP 2

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPLR?

If NO > Go to STEP 3.      If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

## STEP 3

Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	How often?	Weekly <input type="checkbox"/>	Bi-Weekly <input type="checkbox"/>	2x-Monthly <input type="checkbox"/>	Monthly <input type="checkbox"/>
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**B. All Adult Household Members (including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?			Public Assistance/ Child Support/Alimony	How often?	Pensions/Retirement/ All Other Income	How often?										
		Weekly	Bi-Weekly	2x-Monthly				Monthly	Weekly	Bi-Weekly	2x-Monthly	Monthly						
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Are you unsure what income to include here?**  
Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

## STEP 4

Contact information and adult signature

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

Signature of adult

Today's date

<sup>1</sup> certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.\*

Street Address (if available)  Apt #

City  State  Zip

Daytime Phone and Email (optional)

Printed name of adult signing the form