



CLARKE COUNTY SCHOOL DISTRICT

440-1 Dearing Extension • Athens, GA 30606 • (706) 546-7721

VOLUNTEER APPLICATION

PLEASE USE BLUE OR BLACK INK PEN ONLY NO PENCIL

THANK YOU for your interest volunteering your time in the Clarke County School District! We know you join us in our commitment to the safety of our students. In your role as volunteer, you are also a Mandated Reporter of child abuse. If you suspect any child abuse, it must be reported to the school principal or designee immediately, but in no case later than 24 hours.

Please note that this form must be received in the Office of Human Resources and processed prior to volunteering in any school or department. This form and all materials submitted becomes the property of the Clarke County School District. A background check is mandatory and fingerprints may be required. Thank you for your understanding of this policy. Again, thank you for your commitment to the students of Clarke County!

Name: _____ Social Security _____

 Last First Middle

Home Address: _____

 Street City State Zip

Phone Number: _____ Date Available for Volunteer Work: _____

Please name a person who will always know how to reach you in the event of an emergency:

_____ Name _____ Phone _____ Relationship _____

_____ Address _____ City _____ State _____ Zip _____

School/ Department/Location PROJECT FOCUS **Administrator Signature** AMY PEACOCK

Parent/Guardian Volunteer Volunteer Tutor University/Technical School Volunteer

Special Project Other (please specify) _____

Each of the following questions must be answered with a "yes" or "no". If any answer is "yes", please attach an explanation.	Yes or No
1. Have you ever been found guilty, entered a plea of <i>nolo contendere</i> , been granted first offender treatment without adjudication of guilt, been placed under a court order whereby an adjudication or sentence was otherwise withheld for any misdemeanor or felony, or is any charge currently pending against you, including issuance of a bad check? (Excluding minor traffic offenses.)	
2. Have you ever been investigated for any act of alleged discrimination, including discrimination based on race, color, gender, religion, age, national origin, or handicapping condition?	
3. Have you ever been investigated for allegations of sexual harassment?	
4. Have you ever been accused of and/or investigated for, a crime of child abuse or physical abuse?	

I certify that the information contained in this application is true and accurate to the best of my knowledge. I understand that misrepresentation or omission of information will be cause for rejection of my application to volunteer in the Clarke County School District.

_____ Date

_____ Signature

The Clarke County School District does not discriminate on the basis of race, color, national origin, sex, age, marital status, religion, handicap, or disability in its educational programs, activities, or employment practices.

CLARKE COUNTY SCHOOL DISTRICT POLICE DEPARTMENT

ACP-F-140
Form Number

RELEASE OF CRIMINAL HISTORY CONSENT FORM

PROJECT FOCUS

S I _____
 U Last Name First Name Middle
 B Social Security Number Height Weight Eye Color Hair Color
 J _____
 E Date of Birth Race Sex Telephone Number
 C _____
 T Street Address City State Zip Code
 Maiden or previous names (s) _____

A U T H O R I Z E
 AUTHORIZE: CLARKE COUNTY SCHOOL DISTRICT POLICE DEPARTMENT
 Name of Agency

CCSD Human Resources or CCSD Police Department Personnel
 Name of Person to Pick Up Record

Clarke County School District, 440-1 Dearing Ext.
 Street Address of Agency

Athens Georgia 30606 (706) 546-7721 ext. 18482
 City State Zip Code Telephone Number

A G E N C Y
 to receive my criminal history record from the Clarke County School District Police Dept. State of Georgia law enforcement officials, or any other enforcement officials, local, state or federal, who the Clarke County School District (CCSD) Human Resources Office may wish to contact. I understand that employment decisions may be based upon information the CCSD obtains. I give my continuing permission for the CCSD Human Resources Office to access such information throughout the course of my employment at any time the CCSD deems necessary. I understand that my continuing employment with the CCSD can and will be determined by what information the CCSD receives or acquires. I do hereby affirm that any such acquisition of information by the CCSD prior to or during my employment is not an invasion of my privacy, violates none of my rights under the laws, federal or state, and I do hereby understand the reason and necessity for the CCSD to have access to such information.

 Signature Date

NOTICE: UNLESS ALL BLANKS ARE COMPLETED ON THIS FORM, NO INFORMATION WILL BE RELEASED.
 THIS FORM WILL BE NOTARIZED BY PERSONNEL AT CLARKE COUNTY SCHOOL DISTRICT.

N O T A R Y
 SWORN TO AND SUBSCRIBED BEFORE ME:
 THIS _____ DAY OF _____, 20_____

 NOTARY PUBLIC



Falsification or Misrepresentation on Job Application

The Clarke County School District wishes to inform all potential new employees that it is very important that all questions on the application be answered truthfully and to the best of their knowledge.

If you have been arrested or convicted of a felony or misdemeanor anytime in the past, your criminal background check will reveal this, even if you have been told the record has been expunged or dismissed. If you have not responded truthfully to this question or any other question on the application, you may be immediately terminated or not employed with the Clarke County School District.

If there is a possibility that you have had an arrest or conviction in the past and failed to indicate such, you may do so now. Provide a written explanation including the charge, conviction, sentence received and the date. A copy of your final documentation may be required.

Arrest(s) or conviction(s) _____ Yes _____ No

Explain below:

Please sign below and return to Human Resources.

Signature

Date