

Volunteer Application/Criminal Background Consent Form

In accordance with House Bill 1176, which amended State Statute O.C.G.A. 19-7-5, volunteers in public schools are now Mandated Reporters of Child Abuse. O.C.G.A. 19-7-5 is designed for the protection of children whose health and welfare are adversely affected and further threatened by the conduct of those responsible for their care and protection.

I. VOLUNTEER APPLICANT INFORMATION

Please Print		FILL	FORM	OUT COMPLE	TELY	
Full Nama						
run Name	(Last)		(First)		(Middle)	
Address:	(Number)		(Ant)	(State)	(Zip)	<u></u>
	(Trumber)	(Succe)	(1 i pt.)	(State)	(Zip)	
Phone:				SSN#:		
Date of Birth:				Birth Place:		
Height:	_ Weight:	Eye Color:		_ Hair Color:	Gender:	Ethnicity:
Please indicate the area(s) in which you will volunteer:						
Kindergarten		3 rd Grade Reading /		5 th Grade	Reading /	8 th Grade Reading /
Readiness				Numeracy		Numeracy
High School		Post-Secondary Enro	ollment		•	Post-Secondary
Graduation Chaperone		Escorting (oth	er stude	Completion		Completion Other (Please list below)
Chaperone		Escorting (other	ci stude		·	other (Freuse list below)
Name of School (list only one school):						
II. VOLUNTEER APPLICANT ACKNOWLEDGEMENT STATEMENTS I hereby acknowledge that I have viewed the training video on mandated reporting and understand my mandated reporting responsibilities as a Clayton County School District volunteer. I hereby authorize Clayton County Public School's Department of Safety and Security to obtain any Criminal history record information pertaining to me which may be in the files of any state and/or national criminal justice agency. Applicant Signature:						
					:	
IV. SCHOOL ADMINISTRATOR OR DESIGNEE: Approved Denied Signature:						