



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 COMPLETELY**

Full Name _____
(Last) (First) (Middle)

Address: _____
(Number) (Street) (Apt.) (City) (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 Readiness	3 rd Grade Reading / Numeracy	5 th Grade Reading / Numeracy	8 th Grade Reading / Numeracy	
High School Graduation	Post-Secondary Enrollment	Post-Secondary Completion	Post-Secondary Completion	
Chaperone <input type="checkbox"/>	Escorting (other students) <input type="checkbox"/>	Other (Please list below)		<input type="checkbox"/>

Name of School (list only one school): _____

II. VOLUNTEER APPLICANT ACKNOWLEDGEMENT STATEMENTS

I hereby acknowledge that I received and read the second page of this document regarding 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: _____ Notary: _____

Criminal History Check Complete: yes no Completed By: _____

III. SCHOOL DESIGNATION VOLUNTEER LEVEL

Level 1: ____ Level 2: ____ Level 3: ____ School Official Signature: _____

IV. SCHOOL ADMINISTRATOR OR DESIGNEE:

Approved _____ Denied _____ Signature: _____

Did you know you are a mandated reporter?

- O.C.G.A § 19-7-5:
 - Requires you to report suspicions of abuse
 - Provides immunity from liability
 - Has a penalty for failure to report
- All employees and volunteers are mandated reporters who are directed by law to report suspicious concerns of child abuse through verbal notice, written communication, or some other form.
- As a mandated reporter you are required to immediately report any suspicious child abuse to the school Administration.
- After reporting the suspicious child abuse, it is the Administration or their designee's responsibility to report the suspected abuse to the appropriate state or local agencies.
- There are no legal consequences for any child abuse report that is reported in good faith.
- Failure to report when you suspect a child is being abused is a misdemeanor under Georgia law.

As a mandated reporter, if you see something, say something. If you know or suspect something, say something. It's the law.

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ Clayton County Public Schools _____ to conduct an inquiry for
Agency/Company
 the purpose listed below and receive any Georgia and/or national criminal history record information
 as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

Email Address _____

This authorization is valid for _____ N/A _____ days from date of signature.

I, _____, give consent to the above-named
 entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____	Date _____
N/A	N/A
Attorney for Individual (Pur E and U Only)	Date
_____	_____
Bar Number	

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input checked="" type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & Ill Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & Ill Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____
 Wanting Agency Telephone: _____

Agency Designee Signature and Title