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	☐	3rd Grade Reading / Numeracy	☐	5th Grade Reading / Numeracy	☐	8th Grade Reading / Numeracy	☐
High School Graduation	☐	Post-Secondary Enrollment	☐	Post-Secondary Completion	☐	Post-Secondary Completion	☐

Chaperone ☐ **Escorting (other students)** ☐ **Other (Please list below)** ☐

_____

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.

National Child Protection Act/Volunteers for Children Act
Waiver and Consent Form

The fingerprint-based criminal history record checks performed under the National Child Protection Act (NCPA), as amended by the Volunteers for Children Act (VCA), will determine if you, as a care provider (current or prospective employee, volunteer, contractor/vendor, or owner/operator), have been convicted of crimes that bear upon your fitness to be responsible for the safety and well-being of children, the elderly or individuals with disabilities (persons with a mental or physical impairment who require assistance to perform one or more daily living tasks).

Pursuant to the NCPA/VCA, this form must be completed and signed by every current or prospective provider for whom criminal history records are requested by a **Qualified Entity** or **Authorized Agency** for applicants who provide care, treatment, education, training, instruction, supervision, recreation, care placement services, or license/certify others who provide care to vulnerable populations (children, the elderly, or individuals with disabilities).

Please provide the following information:

Qualified Entity	Clayton County Public Schools
Authorized Agency	Clayton County Public Schools
Position Applied For	

I am a current or prospective (check one): ___ Employee ___ Volunteer ___ Contractor/Vendor ___ Owner/Operator

I have been convicted of a crime. ___ No ____ Yes
If yes, please provide a description of the crime and the particulars of the conviction on the back of this waiver.

I hereby authorize the submitting of my fingerprints through an authorized agency to the Georgia Bureau of Investigation (GBI) and Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I further understand the following:

- My fingerprints will be used to check the criminal history records of the GBI and the FBI;
- I can receive a state criminal history record from the GBI and a national criminal history record from the FBI pursuant to Title 28, Code of Federal Regulations, §16.30-16.34;
- I am entitled to challenge the accuracy and completeness of any information contained in such records;
- The Qualified Entity/Authorized Agency may choose to deny me unsupervised access to persons to whom they provide care until the criminal history record check is completed; and
- I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

By signing this waiver, I authorize the dissemination of any state or national criminal history record that may pertain to me, to the requesting authorized agency. I have read and understood the foregoing and the information provided is true and accurate to the best of my knowledge and belief.

*Printed Name: _____ *Date of Birth_____

* Address_____

*Signature_____ * Date_____

*Email Address_____

*As it appears on a valid identification document issued by a governmental agency.

NOTE: A copy of this document must be retained by the Authorized Agency for <u>at least two years from</u> fingerprint submission date.

Updated 10-2019

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: https://www.edo.cjis.gov
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket

Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicatant Notification and Record Challenge:

Your Fingerprint will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure of obtaining a change, correction or updating an FBI identification record is set forth in Title 28, Code of Federal Regulations (CFR), 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30 through 16.33 or review the FBI website.

Signature Print Name Date