



# Volunteer Application/Criminal Background Consent Form

## **LEVEL 2**

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 <sup>rd</sup> Grade Reading / Numeracy	5 <sup>th</sup> Grade Reading / Numeracy	8 <sup>th</sup> Grade Reading / Numeracy
High School Graduation	Post-Secondary Enrollment	Post-Secondary Completion	Post-Secondary Completion
<b>Chaperone</b> <input type="checkbox"/>	<b>Escorting (other students)</b> <input type="checkbox"/>	<b>Other (Please list below)</b> <input type="checkbox"/>	

**Name of School (list only one school):** \_\_\_\_\_

### II. VOLUNTEER APPLICANT ACKNOWLEDGEMENT STATEMENTS

I hereby acknowledge that I received and read the third 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 background information pertaining to me.

**Applicant Signature:** \_\_\_\_\_ **Notary:** \_\_\_\_\_

### III. SCHOOL OFFICIAL SIGNATURE

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

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Purpose Code Used: (check one)

<b>NON-CRIMINAL JUSTICE PURPOSES</b>	
<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)
<b>PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)</b>	
<input type="checkbox"/>	U - Personal Copy
<b>CRIMINAL JUSTICE EMPLOYMENT</b>	
<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