



# Office of Safety & Security

## Volunteer Release Form

(Updated, As of 11/29/2018)

APS/Partner School Administrator's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

APS Department (if applicable): \_\_\_\_\_

School Location/Volunteer Site: \_\_\_\_\_

Select the level of interaction the volunteer below will have with APS students:

- ☐ **Level 1:** Volunteer is a non-district personnel who will have **no interaction** with students.
- ☐ **Level 2:** Volunteer is a non-district personnel who will have **supervised interaction** with students.
- ☐ **Level 3:** Volunteer is a non-district personnel who will have **unsupervised interaction** with students.

Prospective Volunteer Name: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

Current Address: \_\_\_\_\_  
STREET ADDRESS

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ State of Birth: \_\_\_\_\_  
MONTH (MM) /DAY (DD) /YEAR (YYYY)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Gender: ☐ Female ☐ Male

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Organization / Volunteer Program: \_\_\_\_\_

Check the box if you are currently an: ☐ APS Employee ☐ APS Parent/Guardian ☐ APS Student Relative/Family Member

If yes, please list schools, grades, and student names:

| School Name | Grade | Student Name |
|-------------|-------|--------------|
|             |       |              |
|             |       |              |
|             |       |              |

| INTERNAL OFFICE USE ONLY         |                                                          |                                  |
|----------------------------------|----------------------------------------------------------|----------------------------------|
| Background Check on File in OSS: | <input type="checkbox"/> Yes <input type="checkbox"/> No | School Administrator's Approval: |
| Copy of Photo ID Attached:       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Submitted OSS:              |
| Name Search Completed:           | <input type="checkbox"/> Yes <input type="checkbox"/> No | GCIC Terminal Operator :         |
| Warrant:                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |
| Terminal Results:                | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                  |

**Statement of Personal Affirmation:**

Check the appropriate box for each question. If you answer “YES” to any question, an explanation and supporting documentation – including any final court disposition documents – may be requested. Documents **MUST** be submitted within five (5) business days of the request. All responses must be completely truthful.

1. Have you ever been convicted of an offense that requires registration as a sex offender? ☐ Yes ☐ No
2. Have you been convicted of a felony or misdemeanor, or pled nolo contendere or first offender, or are you now under investigation for any offense, other than a minor traffic offense? ☐ Yes ☐ No
3. “Driving Under the Influence” (DUI) of alcohol or other drugs and “Driving While Impaired” (DWI) offenses **MUST** be reported. Have you been convicted of a felony or misdemeanor, or pled nolo contendere or first offender, or are you now under investigation for DUI or DWI? Please respond accurately even if you have been advised that there will be no charge on your record. ☐ Yes ☐ No

**Statement of Consent:**

**This section is to be completed by the Volunteer. Please print all information clearly.**

I, \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE INITIAL MAIDEN NAME (if applicable)

have applied to be a volunteer within Atlanta Public Schools (APS). This form provides consent to conduct fingerprinting and/or a criminal background records check by the Atlanta Public Schools – Office of Safety & Security. I also authorize the release of such information to the Atlanta Public Schools now and at any time during service, and release, discharge, and waive any and all claims, which may arise against me for the release of accurate information.

I authorize APS to receive any criminal or driver’s history records information pertaining to me, which may be on file in any state or local criminal justice agency. I further give consent to APS to have my fingerprints taken as part of the volunteer process and perform periodic criminal history background checks for the duration of my service or affiliation with the Atlanta Public Schools.

I understand that the Georgia Criminal Information Center (GCIC), APS employees, nor any other agency or employees of the State of Georgia shall be responsible for the accuracy of information nor have any liability for defamation, invasion of privacy, negligence or any other claim in connection with any dissemination of information pursuant to this fingerprinting and criminal background record check and shall be immune from suit based upon any such claims.

In this application, I have provided accurate information to the best of my ability. I have received the training required for my volunteer position, and I understand and will comply with the expectations of volunteers in the Atlanta Public Schools described in regulation [GAK\(1\)-R\(1\)](#) School Volunteers. I also understand that Atlanta Public Schools reserves the right to refuse the services offered by any volunteer.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_