Marietta city schools
A Georgia Charter System

VOLUNTEER APPLICATION

We appreciate your desire to be a volunteer in the Marietta City Schools (MCS). Because the safety of our children is of utmost importance, this information form must be received by the School Principal (or designee) and processed prior to volunteering in any school or department. Please understand that volunteering on school campuses and district property and events is a privilege and not a right. The district reserves the right to revoke this privilege at its discretion for any reason, including concerns regarding disruption or threats to the safety of the school, staff or students. This form and all materials submitted become the property of MCS.

School volunteers are mandated reporters of child abuse in Georgia and therefore must complete a Child Abuse Reporting Protocol training prior to beginning any volunteer work.

Name:_____ _____
Last First Middle Date of Birth

Home Address: _____
Street City State Zip

Home Phone:_____Work or Cell Phone: _____

Please name a person to contact in case of emergency:

_____

Name Relationship Phone

Please answer the questions below. If any answer is yes, please attach an explanation.	**Yes**	**No**
Have you ever been found guilty, entered a plea of nolo contendere, been granted first offender treatment without adjudication of guilt, been placed under a court order whereby an adjudication or sentence was otherwise withheld for a felony, or is any charge currently pending against you of the same nature?		
Have you ever been found guilty, entered a plea of nolo contendere, been granted first offender treatment without adjudication of guilt, been placed under a court order whereby an adjudication or sentence was otherwise withheld for any misdemeanor of a high and aggravated nature, or is any charge currently pending against you of the same nature? Note: A third DUI conviction raises the offense to a high and aggravated nature.		
Have you ever been accused of, charged with, and/or investigated for allegations of sexual offenses?		
Have you ever been accused of, charged with, and/or investigated for, a crime of child abuse or physical abuse?		

I certify that the information contained in this form is true and accurate to the best of my knowledge. I understand that misrepresentation or omission of information will be cause for rejection of my request to volunteer in MCS.

I agree to serve on an as needed basis without expectations of compensation or benefits and waive any rights accorded MCS employees in accordance with the School Districts manual and statutory obligations.

I acknowledge that all activities involve the risk of injury and/or damage to personal property. I agree, in my volunteer service, that I will hold harmless MCS District, Members of the MCS Board of Education, its past, present and future officers, attorneys, agents, employees, predecessors and successors in interest, and assigns, from any and all liability whatsoever for any injury, condition, or other problem associated with my volunteer work with MCS, except for actions by MCS officials performed with actual malice. As provided herein, I hereby agree for myself, my child(ren), my heirs, executors and administrators, to waive and release any and all injuries or losses suffered by myself during volunteer activities. I agree to assume all financial responsibility for the medical expense incurred, as a result of my participation in said MCS volunteer efforts.

I understand that I must provide a valid Georgia driver's license or state ID. This information will be utilized to scan my identity against sex offender registries and/or databases, to verify my eligibility to provide volunteer services at MCS. Finally, I understand that MCS reserves the right to run a criminal background check at its discretion as a condition of eligibility to begin or continue volunteer services. I understand that my refusal to provide the required information for this check may be grounds for dismissal or ineligibility for volunteer services.

I have read and understand the Child Abuse training Pamphlet outlining my responsibilities as a mandated reporter under O.C.G.A. 19-7-5.

_____ _____

Signature Date

For School Use Only

School/Department/Location: _____

Administrator Signature: _____

☐ Parent/Guardian Volunteer ☐ Volunteer/ Tutor ☐ University/College School Volunteer

☐ Mentor ☐ Other (please specify)

☐ Registry has been checked and cleared

☐ ~~Child abuse training completed~~

☐ Copy filed