

Dr. Debra Harden, *Superintendent*



Michael Ranson, *Board Chair*
Amy Parrish, *Board Vice Chair*
Ryan Hammock, *Post 3*
Adam Hammond, *Post 4*
Brook Toole, *Post 5*

OCONEE COUNTY SCHOOLS

OCS VOLUNTEER INFORMATION FORM

We appreciate your desire to volunteer in our schools. Because the safety of our students is of major concern, all volunteers must click [here](#) to view the training presentation and click [here](#) to watch the training video before this form is completed and returned to the school office for approval. A background check, including fingerprints, may be required. We appreciate your understanding of this procedure.

Name _____
First Middle Last

Child(ren): _____

Home Address _____
PO Box Street City State Zip

Home Phone _____ Mobile Phone _____ Work Phone _____

Please check the type of volunteer work you will be performing.

____ Parent/Guardian Volunteer ____ Volunteer Tutor/Mentor ____ Special Project
____ Other (please specify) _____

Date(s) available for volunteer work: _____

Please answer the following questions with a "yes" or "no." If any answer is "yes," please attach an explanation.

1. Have you ever been found guilty, entered a plea of *nolo contendere*, been granted first offender treatment without adjudication of guilt, or been placed under a court order whereby an adjudication or sentence was otherwise withheld for any misdemeanor involving moral turpitude for any felony or is any charge currently pending against you, including the issuance of a bad check? (Excluding minor traffic offenses.) ____ Yes ____ No
2. Have you ever been investigated for any act of alleged discrimination, including discrimination based on race, color, gender, religion, age, national origin, or handicapping condition? ____ Yes ____ No
3. Have you ever been investigated for allegations of sexual harassment? ____ Yes ____ No
4. Have you ever been accused of and/or investigated for, a crime of child abuse or physical abuse? ____ Yes ____ No
5. I have completed the state mandatory training requirements for all volunteers. ____ Yes ____ No

Please name a person who can be contacted in the event of an emergency.

Name Phone Relationship

I certify that the information contained in this application 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 application to volunteer in the Oconee County Schools.

Signature Date Administrator Signature

Thank you for volunteering your time to the Oconee County Schools. You are greatly appreciated!