Cherokee County School District

VOLUNTEER/MENTOR APPLICATION

APPLICATIONS MUST BE RECEIVED BY THE DISTRICT OFFICE 30 DAYS PRIOR TO BEGINNING VOLUNTEER ACTIVITIES

2026-2027

_____
DATE

****APPLICANT SHOULD COMPLETE THIS SECTION**

TEACHER _____ STUDENT _____ HOMEROOM _____

NAME _____ (LAST) _____ (FIRST) _____ (MIDDLE)

PERMANENT ADDRESS _____ (STREET) _____ (CITY) _____ (STATE) _____ (ZIP CODE)

PHONE # _____

Section I DESIRED POSITION/ENVIRONMENT

☐ Volunteer ☐ Mentor

I am participating as a volunteer/mentor in one or more of the following environments:

Check those that apply:

☐ Working with students in an unsupervised setting on a regular basis.

☐ Prolonged, unsupervised volunteer service, i.e., field trip chaperone assigned overnight lodging with students.

Beginning Date: _____ Ending Date: _____

Please provide a brief description of the service you will be providing:

_____

_____

_____

Section II DESIRED LOCATION

Completion of this application indicates a desire to serve as a volunteer/mentor for the Cherokee County School District. You are required to follow all laws, policies, rules, and guidelines that pertain to the position.

Please list the school for which you wish to be considered. The principal of the school listed must sign completed application.

1._____

In accordance with local board policy and guidelines, I have requested and approved this applicant to complete the volunteer application process.

_____ _____

Date *Principal or Designee Signature*

Section III PERSONAL DATA

___Yes ___No 1. Have you ever pled guilty to or been convicted of an offense related to possession or distribution of illegal drugs?

___Yes ___No 2. Have you **ever** been **charged** with, convicted of, or pled nolo contendere for **any** crime other than a minor traffic violation?
Please note: Driving While Intoxicated (DWI), Driving Under the Influence (DUI), and similar charges are NOT considered minor traffic offenses and should be reported.

___Yes ___No 3. Do you have relatives working for the Cherokee County Board of Education?

IF ANY ANSWER IS "YES", YOU MUST ATTACH AN EXPLANATION.

Section IV CONFIDENTIALITY/MANDATED REPORTER AGREEMENT

I understand that in the course of my volunteer time within the Cherokee County School District, I may become aware of confidential information about specific students. This information may include, but not be limited to, such issues as students' enrollment status, daily schedule, academic performance, attendance record, disciplinary record, disabilities and other educational matters. I understand and agree that I will not disclose such confidential information except to appropriate school employees who request this information.

I understand that under current GA Law (O.C.G.A § 19-7-5), school-affiliated volunteers are considered as "mandated reporters" of suspected child abuse. Should I gain information as it relates to a suspected case of child abuse through a verbal/written communication, direct observation, or some other manner, I understand that I must report this information to the school's administration immediately. Upon reporting any such concerns, I understand it would become that administrator's (or a designee's) responsibility to then report the suspected abuse to the appropriate state or local investigative agency.

DATE _____ SIGNATURE OF APPLICANT_____

Section V PERSONAL AFFIRMATION

I verify that all information that I have provided on this application is true and complete to the best of my knowledge. I am aware that providing false or misleading information or the withholding of facts, including facts of one's criminal record, on this application will be grounds for refusal to allow me to serve as a volunteer. If volunteering, I agree to abide by the policies, rules and regulations of the Cherokee County School District and State Board of Education.

My signature further authorizes the Cherokee County School District to investigate my past employment activities, personal references and criminal record (as provided by OCGA § 35-3-34.2C17), to determine my suitability for the position for which I am applying, and authorizes representatives of the Cherokee County School District to contact my references, previous employers, schools attended, court officials, law enforcement authorities, and other individuals. I understand that the Cherokee County School District may investigate other sources or references other than those given in this application. I agree to sign appropriate forms giving consent to a criminal record check through the Georgia Crime Information Center.

I understand that nothing in this volunteer application, in the statements or policies of the Cherokee County School District or Cherokee County Board of Education, or in my communications with any District or Board official is intended to create an employment contract. No promises of employment have been made to me.

I understand that volunteers and the school district have an at-will relationship. At-will means the relationship can be terminated at any time with or without cause by either the volunteer or the school district. I also understand that I am not to begin volunteer work until I am on the Approved Volunteer List.

DATE _____ SIGNATURE OF APPLICANT_____

Return Application to the Principal at the school(s) for which you wish to be considered.

The Cherokee County School District is an equal opportunity employer and does not discriminate in employment on the basis of race, color, sex, religion, creed, national origin, age or disability.

Cherokee County School District
1205 Bluffs Parkway
Canton, GA 30114

RELEASE AUTHORIZATION – Consent to Criminal History Record Inquiry

I hereby authorize the Cherokee County School Police Department or the Cherokee County School Personnel Department to receive any criminal or driver's history information pertaining to me, which may be in the files of any local, state, or federal agency.

I also request and authorize a review and full disclosure of all records concerning me to any authorized agent of the Cherokee County School Police Department, whether the records are public, private or confidential.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; internal investigations and disciplinary records; and employment and pre-employment records. I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, whole or in part, will be considered in determining the suitability for employment by the Cherokee County School District.

A photocopy or facsimile of this release authorization will be as valid as the original, even though the photocopy does not contain my original signature.

I hereby release any and all individuals, organizations, previous employers, reporting agencies, and others stated above, from any liability or damage, which may result from providing the requested information.

_____ _____
Signature of Applicant Date

I further authorize the Cherokee County School Police Department to periodically run additional criminal history record inquiries without seeking additional consent.

_____ _____
Signature of Applicant **Date**

Cherokee County School District
1205 Bluffs Parkway
Canton, GA 30114

Date _____

PLEASE PRINT COMPLETE ALL INFORMATION

_____,_____ _____
LAST NAME **FIRST NAME** **MIDDLE NAME**

Volunteer Position(s) Applied For _____

NAMES YOU HAVE EVER USED - List all nicknames, maiden names, previous marriages, and/or aliases, etc.

_____

_____

DATE OF BIRTH _____ **SOCIAL SECURITY # _____**

Sex ____ Race _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Current Address _____

_____

Home Telephone _____ Work/Cell Phone _____

Driver's License # _____ State _____ Class ___ Exp Date _____

List all states and countries where you have ever had a driver's license:

_____

_____

List all states and countries where you have ever lived:

_____

_____

Police Use Only - Do not write in this box