

Office of Safety & Security

Volunteer Release Form

(Updated, As of 9/12/2018)

APS Administrator's Name:				_ Title:
Phone Number: ()	-	Email Address:		
APS Department:				
School Location/Volunteer Site:				
Select the level of interaction the	volunteer	below will have with $ ho$	APS students:	
☐ Level 1 : Volunteer is a r	non-district	personnel who will h	ave no interactio n	with students.
☐ Level 2: Volunteer is a r	non-district	personnel who will h	ave supervised int	teraction with students.
☐ Level 3: Volunteer is a r	non-district	personnel who will h	ave unsupervised	<i>interaction</i> with students.
Prospective Volunteer Name: _				
	LAST		FIRST	MIDDLE INITIAL
Current Address:			REET ADDRESS	
Citv:				Zip Code:
				State of Birth:
MONTH (MM) /DAY (E				State of birth.
Social Security Number:		Race/Ethnic	ity:	Gender: \square Female \square Male
Phone Number: ()		Email Address:		
Organization / Volunteer Progra				
Check the box if you are currenti	ly an: ⊔ Ar	'S Employee 🗀 APS P	arent/Guardian 🗀	APS Student Relative/Family Member
If yes, please list schools, grades	, and stude	nt names:		
School Name		Grade		Student Name
		INTERNAL OFFICE	USE ONLY	
Background Check on File in OSS:	☐ Yes	□ No	School Administr	rator's Approval:
Copy of Photo ID Attached:	□ Yes	□ No	Date Submitted (OSS:
Name Search Completed:	□ Yes	□ No	GCIC Terminal Օլ	perator :
Warrant:	☐ Yes	□ No		
Terminal Results:	☐ Yes	□ No		



Office of Safety & Security

Criminal Background Check Personal Affirmation (Updated, As of 9/12/2018)

Statement of Personal Affirmation:

I auth file in of the affiliate I under employed defam pursuany surfer in this for my School the right.	orize APS to receive any crimany state or local criminal just volunteer process and performance that the Atlanta Public Serstand that the Georgia Crimoyees of the State of Georgia nation, invasion of privacy, neant to this fingerprinting and uch claims.	inal or driver's history recostice agency. I further give or my periodic criminal history chools. Inal Information Center (Goshall be responsible for the egligence or any other claim criminal background record accurate information to the derstand and will comply with the ered by any volunteer.	consent to APS to have by background checks for accuracy of information in connection with and check and shall be in the best of my ability. It with the expectations ones. I also understand the part of the connection with the expectations ones.	ning to me, which may be on a my fingerprints taken as part or the duration of my service or nor any other agency or on nor have any liability for my dissemination of information nume from suit based upon have received the training required f volunteers in the Atlanta Public nat Atlanta Public Schools reserves				
I auth file in of the affiliat I unde emplo defam pursus	orize APS to receive any crimany state or local criminal just volunteer process and performance with the Atlanta Public Serstand that the Georgia Crimoyees of the State of Georgia nation, invasion of privacy, neant to this fingerprinting and	inal or driver's history recostice agency. I further give or meriodic criminal history chools. Simal Information Center (Goshall be responsible for the egligence or any other claim	consent to APS to have a background checks for a background checks for a couracy of information in connection with an	ning to me, which may be on my fingerprints taken as part or the duration of my service or nor any other agency or on nor have any liability for ny dissemination of information				
I auth file in of the	orize APS to receive any crim any state or local criminal just volunteer process and perfo	inal or driver's history reco stice agency. I further give o rm periodic criminal history	consent to APS to have	ning to me, which may be on my fingerprints taken as part				
	_	•		is the for the release of				
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.								
',	LAST NAME	FIRST NAME	MIDDLE INITIAL	MAIDEN NAME (if applicable)				
	ment of Consent: ection is to be completed by	the Volunteer. Please prin	t all information clear	ly.				
	•	no charge on your record. [·	, , , , , , , , , , , , , , , , , , , ,				
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							
	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? \Box Yes \Box No							
۷.	Have you been convicted o	of a felony or misdemeanor	or pled polo contend	ere or first offender, or are you no	۱۸/			
2.	Thave you ever been convic	ited of an offense that requ	ires registration as a se	ex offender? \square Yes \square No				
	Have you ever been convid							
within	n five (5) business days of the	request. All responses mu	•	ed. Documents MUST be submitted ful.	d			