



### School Volunteer Form

Please check the school(s) you are interested in volunteering:

- |                      |                          |                        |                          |                     |                          |
|----------------------|--------------------------|------------------------|--------------------------|---------------------|--------------------------|
| Belwood Elementary   | <input type="checkbox"/> | Sonoraville Elementary | <input type="checkbox"/> | Ashworth Middle     | <input type="checkbox"/> |
| Fairmount Elementary | <input type="checkbox"/> | Tolbert Elementary     | <input type="checkbox"/> | Red Bud Middle      | <input type="checkbox"/> |
| Red Bud Elementary   | <input type="checkbox"/> | WL Swain Elementary    | <input type="checkbox"/> | Gordon Central High | <input type="checkbox"/> |
|                      |                          |                        |                          | Sonoraville High    | <input type="checkbox"/> |

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Cell Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Student(s) Name(s): \_\_\_\_\_

Do you speak any language other than English? Yes  No

If yes, please list language(s): \_\_\_\_\_

Please list any special training/education that will be an asset when volunteering: \_\_\_\_\_  
\_\_\_\_\_

Is there a specific time or day you would like to volunteer? If so, please list: \_\_\_\_\_  
\_\_\_\_\_

Are you available for a long-term volunteer position? Yes  No

Please list any areas of interest: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>		
Rec'd: _____	BGC: _____	Compliance Director Training: _____

## Consent Form

School Name: \_\_\_\_\_

I hereby authorize Gordon County Schools to receive any criminal history record information pertaining to me which may be in the files of any federal, state, or local justice agency.

\_\_\_\_\_  
Full Name (Printed)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Sex                  Race

\_\_\_\_\_  
Date

### Criminal History Affirmation

**Personal Affirmation: Please read carefully. Failure to complete all of this session will result in your application being returned unprocessed.**

\_\_\_ Yes \_\_\_ No    Have you ever been dismissed, non-renewed, terminated or have you resigned while under investigation for allegations of or commission of a felony, a misdemeanor involving moral turpitude or a violation of any professions' code of ethics?

\_\_\_ Yes \_\_\_ No    Do you have any charges pending against you for committing a felony, a misdemeanor involving moral turpitude or a violation of any professions' code of ethics?

\_\_\_ Yes \_\_\_ No    Have you ever had any adverse action (i.e. warning, reprimand, suspension, revocation, voluntary surrender, etc.) taken against any professional certificate or license by any agency (in any state) other than the Georgia Professional Standards Commission?

\_\_\_ Yes \_\_\_ No    For any felony or for any misdemeanor offense involving moral turpitude, have you ever:

- Pled guilty
- Been found guilty
- Entered a plea of nolo contendere
- Been granted first offender treatment without adjudication
- Participated in a pre-trial diversion program, or been placed under a court order whereby an adjudication or sentence was withheld?

I affirm that, to the best of my knowledge, all information is true and correct. I hereby give permission to the Professional Standards Commission to obtain copies of any criminal and personnel records relating to me which are held by any local, state, or federal government agency or entity to release those records to the Commission. I understand that this information may be shared with other states and other agencies in the event that any disciplinary action affecting my certification occurs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

(Spanish version available upon request)

Revised (08/16)

Volunteer's directions for completing Mandated Reporting are provided below.

**STEP ONE:**        [www.compliancedirector.org](http://www.compliancedirector.org)

**STEP TWO:**        Click on the state in which you work.

**STEP THREE:**     Click on the module you have been requested to complete. You will select the "Mandated Reporting" module.

**STEP FOUR:**     Your username is:        Gordon County  
Your Password is:        mobile

**STEP FIVE:**      Complete the assigned module(s) as requested. Modules are usually about 20 minutes long.

**STEP SIX:**        When you have successfully completed the module, it will ask you to select your system's name and then login again. This last username and password will allow you to successfully register, thus creating a legal record that you have completed the training. Please enter "Volunteer" not the school name. You will also have the option to enter your email address to receive a confirmation email.

Your username is:        Gordon County  
Your Password is:        mobile

After you receive your email confirmation, please email it to: [shill@gcbe.org](mailto:shill@gcbe.org)

Again, we are so appreciative of your willingness to give of your time to our schools. If you need further assistance, please feel free to contact me either by email [shill@gcbe.org](mailto:shill@gcbe.org) or by phone at 706-879-5242.