Monroe County Board of Education
25 Brooklyn Avenue * Forsyth, GA 31029
(478) 994-2031 * (478) 994-3364 Fax

VOLUNTEER SAFETY INFORMATION FORM

We appreciate your desire to volunteer in the Monroe County School System. 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. This form and all materials submitted becomes the property of Monroe County Schools. In addition, 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.

THANK YOU FOR VOLUNTEERING YOUR TIME TO THE MONROE COUNTY SCHOOL SYSTEM

Name: _____ _____
Last First Middle Date of Birth

Home Address: _____
Street City State Zip

Home Number: _____ Work or Cell Number: _____

Please name a person who will always know how to reach you in the event of an emergency:

_____
Name Phone Relationship

_____
Address City State Zip

School/Department/Location _____ **Administrator Signature** _____

_____ Parent/Guardian Volunteer _____ Volunteer Tutor _____ University/Technical School Volunteer

_____ Special Project _____ Other (please specify) _____

Each of the following questions must be answered with a "yes" or "no". If any answer is "yes", please attach an explanation.	**Yes or 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 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 investigated for allegations of sexual offenses?	
Have you ever been accused of 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 the Monroe County School System. Furthermore, I agree to serve on an as needed basis without expectation of compensation or benefits. I acknowledge that all activities involve the risk of injury and/or damage to private property. I agree that I will hold harmless MCS from any and all liability for any injury, condition or problem associated with participation in events.

_____ _____
Date Signature

The Monroe County Schools System does not discriminate on the basis of race, color, national origin, sex, age, marital status, religion, handicap, or disability in its educational programs, activities or employment practices.

For School Use Only

Registry Has Been Checked _____
Registry is Clear _____
Child Abuse Training Completed _____
Copy to SRO _____