



Worth County School District
2019-2020 Volunteer Application



Date Application Submitted: _____ School/Department: _____

We appreciate your desire to volunteer in the Worth County School District. The safety of our students is of utmost importance. This application must be received by the Parent Engagement Coordinator and processed prior to volunteering in any school or department. This application and all materials submitted becomes the property of the Worth County School District. In addition, school volunteers are mandated reporters of child abuse in Georgia. Therefore, Mandated Reporter Training is required prior to beginning any volunteer work.

THANK YOU FOR VOLUNTEERING YOUR TIME TO THE WORTH COUNTY SCHOOL DISTRICT.

Name: _____ Date of Birth: _____
Last First Middle

Home Address:

Street _____ City _____ State _____ Zip Code _____

Home Number: _____ Cell Number: _____

Email Address: _____

Please list the full names, grades, and schools of children attending Worth County Schools.

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

Name	Phone	Relationship
Address	City	State
		Zip Code

Please answer each of 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, 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?

Yes No

2. Have you ever been investigated for allegations of sexual offenses? Yes No

3. Have you ever been accused of and/or investigated for a crime of child abuse or physical abuse? Yes No

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 request to volunteer in the Worth County School District. 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 WCSD from any and all liability for any injury, condition, or problem associated with participation in events.

Signature Date

*****For Office Use Only*****

Volunteer Level: Level 1 Volunteer Level 2 Volunteer Level 3 Volunteer

<p>Level 1 Volunteers</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p>	<p>Level 2 Volunteers</p> <p><input type="checkbox"/> Raptor search completed</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p>	<p>Level 3 Volunteers (Completed by HR)</p> <p><input type="checkbox"/> Background check on file in HR Dept.</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p>
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Reason for denial: _____

 Site Administrator/Designee Signature Date

 HR Representative Signature (Required for Level 3 only) Date

Mandated Reporter Training Completion Date: _____ ***(Must be completed before volunteering begins.)***