



Community Empowerment,  
Innovation & Partnership

# Volunteer Application Release Form

Thank you for your interest in volunteering with DeKalb County Schools! Volunteers play a vital role in the success of our schools and we appreciate your time. All volunteer applications are reviewed with consideration of current volunteer opportunities. The information you provide will be stored in confidence and your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

Date

Parent Volunteer

Community Volunteer

Partner

College Student

Other

**Please indicate if you are a new or returning volunteer**

New

Returning

## Personal Details

Name

Mr.

Mrs.

Miss

List any other names used in the past

Ms.

Address

City

State

Zip

County

DL #

State issued

Email

Mobile #

Social Security #

Date of Birth

**If you are involved with us as a volunteer and an emergency arises, whom should we contact?**

Name

Relationship

Telephone: (Home)

(Mobile)

**Parent Volunteers: please list the name(s) of your student and school:**

**Student Name**

**School**

### Equal Opportunity

The DeKalb County School District is committed to providing equal opportunities to all volunteers. It does not discriminate on the basis of race, color, national origin, sex, disability, genetic information or age in its programs and activities.

### Criminal Background Self-Reporting and Check

DeKalb County Schools is committed to excellence in child protection practices. Where a volunteer role may have direct, unsupervised contact with children, volunteers will be required to submit to a federal criminal background check, which will be processed by the Department of Public Safety.

By signing below, you authorize the DeKalb County School District Department of Public Safety to obtain any criminal history record information pertaining to you which may be in the files of any state and/or national criminal justice agency.

Signature

Date

**Have you ever been convicted of an offense in the State of Georgia or elsewhere?**

Yes

No

**If you checked yes, please provide details below**

**Your Skills and Interest**

Academic Support

Mentor

Other

Where do you wish to volunteer?

Volunteer Experience

Personal Reference

Phone Number

**Acknowledgement/Release Statement**

I understand that as a school volunteer that I am entrusted to maintain student confidentiality pursuant to state and federal laws, including but not limited to the Family Education Rights and Privacy Act (FERPA) 20 USC 1232g. I understand that all academic support must align with the DeKalb County Schools' Strategic Plan. I confirm that there are no circumstances in my background that would prevent my services as a volunteer at any DeKalb County School. Further, I acknowledge receipt of the mandated reporter volunteer training. In this application, I have provided accurate information to the best of my ability, and I understand and will comply with the expectations of volunteers in DeKalb County School District. Please contact The Department of Family and Community Empowerment via email at Family\_Engagement@dekalbschoolsga.org or phone at 678-676-0383.

Signature

Date

**For DCSD Office use only**

Volunteer Approved?      Yes      No

Sex Offender Registration Verification      Cleared      Not Cleared

Volunteer Training Complete      Yes      No

Volunteer Location

Volunteer Position/Title

Volunteer Start Date