

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 Volun			P	artner	Colle	ege Student
Pers	onal Details					
Name			Mr.	Mrs.	Miss	Ms.
Addre	SS				_	
City		State	Zip			
Email			Mobile #			
If you	are involved with us as a volunteer	and an emerg	ency arises, v	vhom shou	ld we conta	ct?
Name		Rela	tionship			
Mobile	e #					
Pare	nt Volunteers: please list the na	me(s) of you	r student and	d school:		
Student Name			School			
The De	Opportunity Kalb County School District is committed to p is of race, color, national origin, sex, disability,	genetic information	on or age in its pro	grams and act		minate on
inclu supp tha	erstand that as a school volunteer that I am end iding but not limited to the Family Education Ri port must align with the DeKalb County Schools t would prevent my services as a volunteer at a	ghts and Privacy A 'Strategic Plan. I o any DeKalb County	n student confident act (FERPA) 20 US confirm that there School. Further, I ate information to	tiality pursuar C 1232g. I und are no circum acknowledge the best of my	lerstand that a stances in my l receipt of the ability, and I u	l academic background mandated inderstand
	orter volunteer training. In this application, I ha will comply with the expectations of volunteers and Community Empowerment via email at Fa	s in DeKalb County				