

# Clarke County School District

145 Paradise Blvd., Athens, Georgia 30607 Phone: 706-546-7721 Fax: 706-353-3965

## RELEASE OF CRIMINAL HISTORY CONSENT FORM

PLEASE USE BLUE OR BLACK INK ONLY - NO PENCIL!

THANK YOU for your interest volunteering your time in the Clarke County School District! We know you join us in our commitment to the safety of our students. In your role as volunteer, you are also a Mandated Reporter of child abuse. If you suspect any child abuse, it must be reported to the school principal or designee immediately, but in no case later than 24 hours.

Please note that this form must be received in the Security Office and processed prior to volunteering in any school or department. This form and all materials submitted becomes the property of the Clarke County School District. A background check is mandatory and fingerprints may be required. Thank you for your understanding of this policy. Again, thank you for your commitment to the students of Clarke County!

Name \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Date Available for Employment \_\_\_\_\_

Person who will always know how to reach you in the event of an emergency:

\_\_\_\_\_ Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

School/Department Location \_\_\_\_\_ Administrative 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.

- 1 Have you ever received a less than honorable discharge from any branch of the armed services
- 2 Are you the subject of a pending investigation?
- 3 Have you ever been found guilty, entered a plea of nobo 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 any misdemeanor involving moral turpitude or for any felony, or is any charge currently pending against you, including issuance of a bad check? (Excluding minor traffic offenses.)
- 4 Have you ever been convicted, or pled to a lesser offense for any sexual offense?
- 5 Have you ever been accused and/or investigated for a crime of child abuse or physical abuse?
- 6 Have you been convicted of a drug offense (felony or misdemeanor)?
- 7 Have you ever been investigated for any act of alleged discrimination including discrimination based on of race, color, gender, religion, age, national origin, or handicapping condition?

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 application to volunteer in the Clarke County School District. Previous employers may be contacted to discuss my employment record. If employed, I agree to abide by the policies and regulations of the Clarke County School District.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

The Clarke County School District 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.

**Clarke County School District**  
**RELEASE OF CRIMINAL HISTORY CONSENT FORM**

**School/Department** \_\_\_\_\_

SUBJECT	I, _____	Last Name	First Name	Middle Name	
	Social Security Number	Height	Weight	Eye Color	Hair Color
	Date of Birth	Sex	Race	Telephone Number	
	Street Address		City	ST	ZIP
	Maiden or previous name(s)				

AGENCY	AUTHORIZE:	<b>CLARKE COUNTY SCHOOL DISTRICT POLICE DEPARTMENT</b>		
	Name of Agency			
	<b>CCSD Police Department Personnel</b>			
	Name of Person to Pick up Record			
	<b>145 Paradise Blvd.</b>			
AUTHORIZED	Street Address of Agency			
	<b>Athens</b>	<b>Georgia</b>	<b>30607</b>	<b>706-546-7721 ext 77652</b>
	City	State	Zip Code	Telephone Number
	to receive my criminal history record from the Clarke County School District Police Dept. State of Georgia law enforcement officials, or any other enforcement officials, local, state or federal, who the Clarke County School District (CCSD) Security Office may wish to contact. I understand that employment decisions may be based upon information the CCSD obtains. I give my continuing permission for the CCSD Security Office to access such information throughout the course of my employment at any time the CCSD deems necessary. I understand that my continuing employment with the CCSD can and will be determined by what information the CCSD receives or acquires. I do hereby affirm that any such acquisition of information by the CCSD prior to or during my employment is not an invasion of my privacy, violates none of my rights under the laws, federal or state, and I do hereby understand the reason and necessity for the CCSD to have access to such information.			
	Signature		Date	

# **CLARKE COUNTY SCHOOL DISTRICT**

## **Falsification or Misrepresentation on Application**

The Clarke County School District wishes to inform all potential new employees that it is very important that all questions on the application be answered truthfully and to the best of their knowledge.

If you have been arrested at any time or convicted of a felony or misdemeanor in the past, your criminal background check will reveal this, even if you have been told the record has been expunged or dismissed. If you have not responded truthfully to this question or any other question on the application, you may be immediately terminated or not employed with the Clarke County School District.

If there is a possibility that you have had an arrest or conviction in the past and failed to indicate such, you may do so now. Provide a written explanation of the circumstances including the charge, conviction, sentence received and the date. A copy of your final documentation may be required.

Have you been arrested? This includes arrests that have been Restricted (expunged), Dismissed, Nolle Prosequi, or Convicted.

YES

NO

**Arrest(s) or conviction(s)**

YES

NO

### Explanation:

**Please sign below:**

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_