

Please mail your completed forms to:

Clarke County Mentor Program
ATTN: Terry Baez
2350 Prince Avenue, Suite 14
Athens, GA 30606

For best practices related to personal data privacy and security, we strongly discourage sending the completed forms to us via email.

Clarke County School District

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

MENTOR INFORMATION 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.

	YES	NO
1 Have you ever received a less than honorable discharge from any branch of the armed services	<input type="checkbox"/>	<input type="checkbox"/>
2 Are you the subject of a pending investigation?	<input type="checkbox"/>	<input type="checkbox"/>
3 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 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.)	<input type="checkbox"/>	<input type="checkbox"/>
4 Have you ever been convicted, or pled to a lesser offense for any sexual offense?	<input type="checkbox"/>	<input type="checkbox"/>
5 Have you ever been accused and/or investigated for a crime of child abuse or physical abuse?	<input type="checkbox"/>	<input type="checkbox"/>
6 Have you been convicted of a drug offense (felony or misdemeanor)?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>

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 _____ **Mentor** _____

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

AGENCY	AUTHORIZE:	CLARKE COUNTY SCHOOL DISTRICT POLICE DEPARTMENT		
		Name of Agency		
		CCSD Police Department Personnel		
		Name of Person to Pick up Record		
		145 Paradise Blvd.		
		Street Address of Agency		
	Athens	Georgia	30607	706-546-7721 ext 77652
	City	State	Zip Code	Telephone Number
AUTHORIZED	<p>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.</p>			
	_____		_____	
	Signature		Date	

CLARKE COUNTY SCHOOL DISTRICT

MENTOR

Falsification or Misrepresentation on Application

The Clarke County School District wishes to inform all potential new volunteers 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:

Signature

Date