

Please complete all sections that are bold.



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

CLARKE COUNTY SCHOOL DISTRICT
 145 Paradise Blvd • Athens, GA 30607 • (706) 546-7721

MENTOR INFORMATION FORM

PLEASE USE BLUE OR BLACK INK PEN ONLY NO PENCIL

THANK YOU for your interest in volunteering with 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.

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: _____ Social Security: _____
 Last First Middle

Home Address: _____
 Street City State Zip

Phone Number: _____ Date Available for Volunteer Work: _____

Please name a person who will always know how to reach you in the event of an emergency:

Name	Phone	Relationship	
Address	City	State	Zip

School/Department/Location **MENTOR PROGRAM** Administrator 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 or No
1. Have you ever been found guilty, entered a plea of <i>nolo contendere</i> , 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 or felony, or is any charge currently pending against you, including issuance of a bad check? (Excluding minor traffic offenses.)	
2. Have you ever been investigated for any act of alleged discrimination, including discrimination based on race, color, gender, religion, age, national origin, or handicapping condition?	
3. Have you ever been investigated for allegations of sexual harassment?	
4. Have you ever been accused of and/or investigated for, a crime of child abuse or physical abuse?	

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.

_____ 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 opportunities.

CLARKE COUNTY SCHOOL DISTRICT POLICE DEPARTMENT
RELEASE OF CRIMINAL HISTORY CONSENT FORM
MENTOR

SCHOOL/DEPT _____ Please notify _____ when cleared.

S I, _____
U Last Name First Name Middle
B Social Security Number: _____ Height _____ Weight _____ Eye Color _____ Hair Color _____
J Date of Birth _____ Race _____ Sex _____ Telephone Number _____
E Street Address _____ City _____ State _____ Zip Code _____
T Maiden or previous name(s), _____

A AUTHORIZE: CLARKE COUNTY SCHOOL DISTRICT POLICE DEPARTMENT
U Name of Agency
T CCSD Human Resources or CCSD Police Department Personnel
H Name of Person to Pick Up Record
O Clarke County School District, 145 Paradise Blvd.
R Street Address of Agency
I Athens Georgia 30607 (706) 546-7721 ext. 77652
Z City State Zip Code Telephone Number
E
D

A I give my permission for the CCSD Police Dept. to receive my criminal history record from GCIC, State of Georgia Law Enforcement
G Officials, or any other enforcement officials, local, state or federal, who the Clarke County School District may wish to contact. I
E understand that decisions may be based upon information the CCSD Police Dept. obtains. I give my continuing permission for the
N CCSD Police Department to access such information throughout the course of my volunteering at any time the CCSD deems
C necessary. I understand that my continuing volunteering with the CCSD can and will be determined by what information the CCSD
Y receives or acquires. I do hereby affirm that any such acquisition of information by the CCSD prior to or during my volunteering 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

NOTICE: UNLESS ALL BLANKS ARE COMPLETED ON THIS FORM, NO INFORMATION WILL BE RELEASED.

THIS FORM WILL BE NOTARIZED BY PERSONNEL AT CLARKE COUNTY SCHOOL DISTRICT.

N
O SWORN TO AND SUBSCRIBED BEFORE ME:
T

THIS _____ DAY OF _____, 20 _____

A
R
Y

NOTARY PUBLIC



Clarke County
School District

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 or convicted of a felony or misdemeanor anytime in the past, your criminal background check will reveal this. If you have not responded truthfully to this question or any other question on the application, you may be denied from volunteering 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.

Arrest(s) or conviction(s) Yes No

Explain below:

Please sign below.

Signature

Date