



GAINESVILLE CITY SCHOOLS SYSTEM
508 Oak Street
Gainesville, Ga 30501
(770) 536-5275 / (770) 287-2019 Fax



VOLUNTEER SAFETY INFORMATION FORM

We appreciate your desire to volunteer in the Gainesville City School System. Because the safety of our children is of utmost importance, this information form must be received by the School Principal (or designee) and processed prior to volunteering in any school or department. This form and all materials submitted becomes the property of Gainesville City Schools. In addition, school volunteers are mandated reporters of child abuse in Georgia and therefore must complete a Child Abuse Reporting Protocol training prior to beginning any volunteer work.

THANK YOU FOR VOLUNTEERING YOUR TIME TO THE GAINESVILLE CITY SCHOOL SYSTEM

Name: _____
Last First Middle Date of Birth

Home Address:

Street City State Zip

Home Number: _____ Work or Cell Number: _____

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

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 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 a felony or any misdemeanor of a high and aggravated nature, or is any charge currently pending against you of the same nature? Note: A third DUI conviction raises the offense to a high and aggravated nature. YES____ or NO____ (check one)

2. Have you ever been investigated for allegations of sexual offenses? YES____ or NO____

3. Have you ever been accused of and/or investigated for a crime of child abuse or physical abuse? YES____ NO____

I certify that the information contained in this form 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 request to volunteer in the Gainesville City School System. Furthermore, I agree to serve on an as needed basis without expectation of compensation or benefits. I acknowledge that all activities involve the risk of injury and/or damage to private property. I agree that I will hold harmless Gainesville City Schools from any and all liability for any injury, condition or problem associated with participation in events.

Signature

Date

Witness Signature

Date

For School Use Only

School/Department/Location _____ Administrator Signature _____
____ General Volunteer ____ Mentor/Tutor _____
____ 1-on-1 Volunteer _____ Other (please specify) Child Abuse Training Complete _____

VOLUNTEER CONFIDENTIALITY AGREEMENT

There are federal and state laws that protect the privacy rights of students and families. In a school situation, there may be instances in which confidential information is discussed in order to better understand students and how we can help them. When working as a volunteer in a school there may be times when this information is overheard.

1. I agree that if I overhear any information about a student or family, I will not repeat it.
2. I will not discuss with others, while serving as a volunteer or when no longer in a volunteer role, any information about a student that may reasonably be considered confidential. This information may include students' academic performance, behavior, disabilities and/or related matters.
3. I must direct all questions about a student's problems or progress to a Gainesville City School District employee who is authorized to review the student's records and provide information regarding their content.
4. I will never take any student information off campus unless authorized in writing by the principal or his/her designee.
5. I understand that if asked to do so, I may grade students' papers but I may NOT enter those grades in a grade book. This would be a violation of the Family Educational Rights and Privacy Act (FERPA).
6. I must report any breach or suspected breach in confidentiality of student information immediately upon my discovery thereof to the principal or his/her designee.
7. Failure on my part to maintain the confidentiality of student education records and personally identifiable information may disqualify me from further service as a volunteer in Gainesville City School District.

I have read the Volunteer Agreement and Volunteer Confidentiality Agreement. I have been given the opportunity to ask questions to ensure that I understand them. I agree to abide by their terms.

Volunteer Name (please print) _____

Signature _____ Date _____

Witness _____ Date _____