ATLANTA PUBLIC SCHOOLS
Making A Difference

Volunteer Release Form

Volunteering Location

School/Site: _____ Administrator: _____

Volunteer Contact Information

Volunteer Name: _____ _____
LAST FIRST MIDDLE

Volunteer Date of Birth: _____
MONTH/DAY/YEAR

Home Address: _____
STREET ADDRESS/CITY/STATE/ZIP

Phone: (___)____-_____ Email: _____

Agency or Organization (if applicable): _____

Volunteer Release

Are you currently an □ APS employee or a □ parent/guardian or □ relative of students in APS?
If yes, please list schools and student names:

_____

Have you ever been convicted of an offense that requires registration as a sex offender? □ Yes □ No

In this application, I have provided accurate information to the best of my ability. I have received any training required for my volunteer position, and I understand and will comply with the expectations of volunteers in the Atlanta Public Schools described in regulation IFCD-R School Volunteers. I also understand that Atlanta Public Schools reserves the right to refuse the services offered by any volunteer.

Applicant Signature: _____ Date: _____

For official use only

For Level 2 Volunteers Only

□ Sex offender registry search completed
□ Copy of Photo ID attached

□ Approved □ Denied – Reason:

_____

_____
Site Administrator/Designee Signature

_____
Printed Name & Title

Date: _____

For Level 3 Volunteers Only

□ Background check on file in HR Division
□ Copy of Photo ID attached

□ Approved □ Denied – Reason:

_____

_____
HR Division Representative Signature

_____
Printed Name & Title

Date: _____

Last revised 2/2012