

**International Charter Academy of Georgia
3705 Engineering Drive
Peachtree Corners, GA 30092**

VOLUNTEER APPLICATION FORM

THE FOLLOWING INFORMATION IS REQUESTED TO HELP US COORDINATE VOLUNTEER SERVICES AND TO ENSURE STUDENT SAFETY.

First Name: _____ Middle Name: _____ Last Name: _____ Any previous names: _____

Student Name and Grade(s): _____

Permanent Address: _____

Telephone: _____ E-mail Address: _____

Area(s) of interest for volunteering: _____

List any education, training, or experiences you have had which would help us in meeting the needs of our students:

References: List three persons who can comment on your character and abilities whom we may contact.

Name: _____ Address: _____ Phone: _____ Relationship: _____

BACKGROUND:

The following information is asked of all individuals who volunteer to work with our children to help insure the safety of our students. Please note that a "Yes" answer to any of the following questions will not necessary disqualify you from volunteering. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.

Have you ever been convicted of a crime? Yes No

If yes, explain _____

Refusal to provide authorization for reference and/or criminal records checks and/or providing false or misleading information on this registration shall constitute sufficient reason to deny approval to serve as a volunteer or termination as a volunteer in the ICAGeorgia.

I understand that the ICAGeorgia performs reference and criminal records checks on all volunteers and I authorize persons and entities contacted by the School in connection with this application to provide information about me. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the school department, its agents and officials or against any provider of such information. I further understand that if I am approved as a volunteer, that I will be required to sign a Volunteer Agreement and attend a Volunteer Orientation.

_____ Date: _____

Applicant Signature

OFFICE USE ONLY

_____ Application reviewed for completeness _____ References checked (attach documentation)

_____ Criminal record checked (attach documentation)

Application approved/denied: _____

Authorized Official _____ Date: _____