You may return the application by:

1. **HAND DELIVERY (BY APPOINTMENT-- EMAIL: readunited@unitedwaycg.com)**
   Monday-Thursday [10am-3pm]
   United Way of Central Georgia Office
   277 Martin Luther King Jr Blvd, STE 101
   Macon, GA 31201

2. **U.S. MAIL**
   Read United (United Way of Central)
   Box 1302, Macon, GA 31202

3. **EMAIL**
   DEXTER JORDAN
   [DJORDAN@UNITEDWAYCG.COM]
Volunteer Application

CONTACT INFORMATION

Name:

Last                    First                    Middle Initial

Preferred Phone Number: ___________________________________________ Email: ___________________________________________

Current Address: __________________________________________

Street

City                         State                         Zip

Emergency Contact

Name: ___________________________________________ Phone: ___________________________ Relationship: ___________________________

List any medical conditions we may need to know about ___________________________________________

EDUCATION: Please note the highest level of education attained (e.g. GED, High School Diploma, Associates, Bachelors, etc)

Diploma or Degree: __________________________________________

PLEASE SELECT PROGRAM OF INTEREST:

___ AARP Foundation Experience Corps Macon (at least 2-hours a week; 50 & older volunteer age)

☐ I certify that I am at least 50 years or older and understand the commitment of the AARP Foundation Experience Corps Macon program.

___ Read2Succeed (at least 1 hour a week; 18 & older volunteer age)

PLEASE WRITE-IN YOUR PREFERRED TIMEFRAME TO VOLUNTEER

[Morning-8:30amish] - [Mid Morning-11:00amish] - [Afternoon-12:30pmish]
As part of the **AARP Foundation Experience Corps** policy, a volunteer must provide two references and be fingerprinted. References will be contacted to confirm relationship. Upon completion of this process, you will be scheduled for training and assigned to a school site.

**Reference Name:**
**Relationship:**
**Phone number:**
**Email:**

**Reference Name:**
**Relationship:**
**Phone number:**
**Email:**
CRIMINAL CONVICTION/ ADJUDICATION (Please read carefully)

Volunteers are required to participate in a criminal background check conducted by the Bibb County School District. **If you are participating as an AARP Experience Corps volunteer,** your background check will also include fingerprinting. Existence of a criminal conviction may or may not, depending on the circumstances, disqualify you from consideration. However, any intentional misrepresentation or failure to disclose may disqualify you. Pending charges may result in a delay of application processing.

Have you ever been convicted of a crime? □ Yes □ No

If yes, Date: ____________________________  City: ____________________________  State: ____________________________

Charge: ____________________________  ____________________________

Action taken: ____________________________  ____________________________

CERTIFICATION

I hereby consent and authorize Read United, a program under United Way of Central Georgia and affiliate of AARP Foundation Experience Corps, to contact anyone it deems appropriate to investigate or verify any information provided to me to discuss my suitability for a volunteer position, including my background, volunteer experience, education, or related matters. I expressly give my consent to any discussions regarding the foregoing and I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar cause of action, against anyone proving such information.

I further permit all authorized persons of the Bibb County School district and law enforcement agencies to supply all information concerning my background and to furnish reports thereon and I hereby release United Way of Central Georgia and/or any organization affiliated with United Way of Central Georgia from any and all liability and responsibility arising from their doing so.

I certify that the responses to all questions on this application and any attachments are, to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any misrepresentation of fact in this application may result in refusal of or separation from volunteer service upon discovery thereof.

Signature: ____________________________  Date: ____________________________
VOLUNTEER INFORMED CONSENT RELEASE AND HOLD HARMLESS AGREEMENT
2020-2021 Academic Year

I, ____________________, in consideration of participation as a volunteer for the Bibb County School District at ___________________ (school) hereby waive, hold harmless and release the Bibb County School District, its employees and agents for any claims, damages or injuries arising out of or in connection with or resulting from my participation in such activities.

I understand that such activities may subject volunteers to various dangers or risks of personal injury, or even a fatality, as well as other injuries or damages. These risks and dangers have been considered by me, and I voluntarily choose to participate and assume all such dangers and risks.

I understand, acknowledge and agree that as a volunteer, I am not covered by workers’ compensation insurance or benefits provided thereunder. I also understand that I have agreed freely and without pressure or coercion to volunteer my services to the Bibb County School District. As a volunteer, I am not entitled to any compensation and am not subject to the Fair Labor Standards Act.

This release is intended to discharge the Bibb County School District, its agents, representatives and employees from and against any and all liability arising out of, or connected in any way with, my participation in these voluntary activities even though that liability may arise out of the negligence or carelessness on part of the Bibb County School District and/or persons mentioned above.

Date: ____________________________

{Volunteer Participant’s Signature}

Date: ____________________________

{Witness’s Signature}
I hereby give consent for the Bibb County School District to conduct an inquiry and receive any Georgia criminal history record information pertaining to me, which may be contained in the files of any state or local criminal justice agency in Georgia.

<table>
<thead>
<tr>
<th>Full Name (Print):</th>
<th>Maiden:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Race</td>
</tr>
</tbody>
</table>

☐ This authorization is valid for 90 180 270 (circle one) days from date of signature.

I, __________________________ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

☐ Have you ever had any arrests or any prior convictions? ___ YES ___NO

_________________________________________ Date

Signature

Date

Date of Inquiry: _____ Time of Inquiry: __________________________ DAM OPM Operator's Initials: ___________

Purpose of Background Check: (check one)

| Applicant or New Hire                      |
| Paraprofessional Recertification |
| Teacher Recertification                  |
| Volunteer or Student Teacher             |

School Name: _______________________________ Teacher: __________________________ Grade: __________

Purpose Code used: (check one)

| Employment-Non-Criminal Justice (E) - Provide Georgia Criminal History Record Information |
| Employment with Mentally Disabled (M) - Provide Georgia Criminal History Record Information |
| Employment with Elder Care (N) - Provide Georgia Criminal History Record Information |
| Employment with Children (W) - Provide Georgia Criminal History Record Information |
| Public Record (P) - Provide Georgia Felony Convictions Only |

The inquiry resulted in the following: (check all that apply)

| NO Georgia CHRI results available. |
| Georgia CHRI attached/released. |

| NO NCIC/GCIC Warrant results available. |
| Possible NCIC/GCIC Warrant - Contact Agency listed below. |

Wanting Agency Name: ____________________________

Agency Phone Number: ____________________________

Agency Designee Signature and Title __________________________________________ Date ____________
National Child Protection Act/Volunteers for Children Act  
Waiver and Consent Form

The fingerprint-based criminal history record checks performed under the National Child Protection Act (NCPA), as amended by the Volunteers for Children Act (VCA), will determine if you, as a care provider (current or prospective employee, volunteer, contractor/vendor, or owner/operator), have been convicted of crimes that bear upon your fitness to be responsible for the safety and well-being of children, the elderly or individuals with disabilities (persons with a mental or physical impairment who require assistance to perform one or more daily living tasks).

Pursuant to the NCPA/VCA, this form must be completed and signed by every current or prospective provider for whom criminal history records are requested by a Qualified Entity or Authorized Agency for applicants who provide care, treatment, education, training, instruction, supervision, recreation, care placement services, or license/certify others who provide care to vulnerable populations (children, the elderly, or individuals with disabilities).

Please provide the following information:

<table>
<thead>
<tr>
<th>Qualified Entity</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorized Agency</td>
<td></td>
</tr>
<tr>
<td>Position Applied For</td>
<td></td>
</tr>
</tbody>
</table>

I am a current or prospective (check one): ___ Employee ___ Volunteer ___ Contractor/Vendor ___ Owner/Operator

I have been convicted of a crime. ___ No   ____ Yes

If yes, please provide a description of the crime and the particulars of the conviction on the back of this waiver.

I hereby authorize the submitting of my fingerprints through an authorized agency to the Georgia Bureau of Investigation (GBI) and Federal Bureau of Investigation (FBI) for the purpose of accessing and reviewing state and national criminal history records that may pertain to me. I further understand the following:

- My fingerprints will be used to check the criminal history records of the GBI and the FBI;
- I can receive a state criminal history record from the GBI and a national criminal history record from the FBI pursuant to Title 28, Code of Federal Regulations, §16.30-16.34;
- I am entitled to challenge the accuracy and completeness of any information contained in such records;
- The Qualified Entity/Authorized Agency may choose to deny me unsupervised access to persons to whom they provide care until the criminal history record check is completed; and
- I may obtain a prompt determination as to the validity of my challenge before a final decision is made.

By signing this waiver, I authorize the dissemination of any state or national criminal history record that may pertain to me, to the requesting authorized agency. I have read and understood the foregoing and the information provided is true and accurate to the best of my knowledge and belief.

*Printed Name: ___________________________________    *Date of Birth__________________________

* Address_________________________________________________________________________________________

*Signature________________________________________    * Date_______________________________________

*As it appears on a valid identification document issued by a governmental agency.

NOTE: A copy of this document must be retained by the Authorized Agency for at least two years from fingerprint submission date.

Updated 10-2019
NON-CRIMINAL JUSTICE APPLICANT’S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.

- If your fingerprints/biometrics are used to conduct an FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.

- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.

- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), and Section 16.34.

- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.

- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. 35-3-34(b) and 535-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the Obl website (http://gbi.georgia.gov/obtaining-criminal-history-record-information).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information, Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (http://gbi.georgia.gov/obtaining-criminal-history-record-information). Signature

_________________________________________ Date