

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: _____