

## How Does The Volunteer Orientation/Certification Process Work?

There are a few easy steps to becoming a volunteer at Amana:

1. Attend a Volunteer Orientation OR Watch our [Prerecorded Volunteer Orientation](#) and complete the [Mandatory Quiz](#). *Please note, if you are watching a prerecorded Volunteer Orientation, you MUST complete the Quiz to receive credit.*
2. Print, complete, and submit [Volunteer Confidentiality Agreement and Fulton County Schools Parent Volunteer Registration Form](#) (archived on the website). Completed forms can be dropped off at the front desk.
3. Decide HOW you want to volunteer!

**Parents chaperoning an Overnight Field Study must obtain a background check.**

- GO TO: <https://www.fieldprintgeorgia.com>
  - Click "Schedule Appointment" and "Sign-Up"
  - Agree to the Consent Document, **this acknowledges that you are giving Amana permission to receive your results.**
  - A validation email will be sent to you to confirm your email. Once you have validated this, you will be directed to log-in to schedule a screening.
  - Select the following;
    - New Applicant Registration: Select "Education Agencies"
    - In the Education Agency Screen select "Public Schools"
    - Agency drop down: "Amana Academy"
    - Reason for Fingerprinting: "Public Schools-Volunteers Providing Direct Care"
  - Enter personal details and "Send Request for Review", click "Submit Request".  
You will be notified by email that Amana has approved it. Upon receiving that you can log back in to choose a site convenient to you and schedule your appointment.

# AMANA ACADEMY VOLUNTEER AGREEMENT

## VOLUNTEER CONDUCT AND CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, as a volunteer of Amana Academy, agree to the following conditions:

### I. VOLUNTEER CONDUCT

1. While working as a volunteer I am required to refrain from using any substance, alcohol or drugs, which impairs my ability to act in the best interests of the students. Violation of this condition is reason for immediate dismissal.
2. I understand that Amana does not practice, condone, facilitate or collaborate with any form of discrimination on the basis of race, color, sex, religion, mental or physical handicap, marital status, religious affiliation or personal characteristics and circumstances. I agree to refrain from all forms of discrimination.
3. I agree not to act as a spokesperson for Amana, or to speak to the media on behalf of the organization unless authorized, for a specific purpose, by Amana.
4. I agree to bring any problem with a student, which is beyond the scope of my volunteer expectation or ability, to the attention of the teacher or school administration.
5. I agree to abide by any policies and procedures established by Amana which may be more specific in nature to my volunteer responsibilities, or approved after the signing of these initial policies.
6. I understand that any access code, password, etc. assigned by Amana will be kept confidential.

### II. CONFIDENTIALITY

1. I understand, in the course of my work for Amana, I may learn certain facts about students who are served by the school which are of a highly personal and confidential nature. Examples of such information are student assessments, biographical/family information, relations with peers and the like. I understand all such information, including the identity of the student, must be treated as completely confidential and will remain confidential even after I terminate my volunteer service with Amana.
2. I agree not to disclose any information of a personal and confidential nature to any person not also affiliated with Amana and authorized by the school to have such information, without the specific consent of the individual to whom such information pertains and the prior knowledge of Amana.
3. I further agree that if I become aware of a breach of confidentiality by another volunteer, I must immediately report such breaches to the school administration, along with the name of the volunteer and student involved.
4. Amana Academy is not liable for any personal injury or damage caused as a result of volunteer's negligence, recklessness or when acting outside the scope of his assigned volunteer duty."
5. Failure to comply with these terms of confidentiality will result in my release from volunteer service with the school and possible legal action under the laws of the State of Georgia and other jurisdictions.

### III. AMANA AGREES TO:

1. Provide adequate training and orientation for volunteers in our procedures, policies and organization and support in the coordination of volunteer activities, training, evaluation and response to volunteer issues and grievances.
2. Serve as a reference upon request.

*I hereby acknowledge that I have read and understood the Amana Academy Volunteer Agreement and policies outlined in the volunteer handbook. I further understand that my capacity as a volunteer is without compensation and/or benefits. I understand that Amana may change these volunteer policies at any time and that I will be notified of such change.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_



FULTON COUNTY SCHOOLS POLICE DEPARTMENT  
 5270 Northfield Boulevard · College Park, GA 30349  
 (404) 305-3350 · (404) 305-3351 Fax



## VOLUNTEER SAFETY INFORMATION FORM

We appreciate your desire to volunteer in the Fulton County 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 Fulton County 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 FULTON COUNTY 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

School/Department/Location Administrator Signature  
 \_\_\_\_\_ Parent/Guardian Volunteer \_\_\_\_\_ Volunteer Tutor \_\_\_\_\_ University/Technical School Volunteer  
 \_\_\_\_\_ Special Project \_\_\_\_\_ Other (please specify) \_\_\_\_\_

Each of the following questions must be answered with a "yes" or "no". If any answer is "yes", please attach an explanation.	Yes or No
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.	
Have you ever been investigated for allegations of sexual offenses?	
Have you ever been accused of and/or investigated for, a crime of child abuse or physical abuse?	

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 Fulton County 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 FCS from any and all liability for any injury, condition or problem associated with participation in events.

\_\_\_\_\_ Date \_\_\_\_\_ Signature

The Fulton County Schools System does not discriminate on the basis of race, color, national origin, sex, age, marital status, religion, handicap, or disability in its educational programs, activities or employment practices.

**For School Use Only**

Registry Has Been Checked \_\_\_\_\_  
 Registry is Clear \_\_\_\_\_  
 Child Abuse Training Completed \_\_\_\_\_  
 Copy to School Police \_\_\_\_\_



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Today's Date: \_\_\_\_\_

By signing below, I acknowledge that I have been provided with, and have completed, the Fulton County Schools' Child Abuse Reporting Training via the online training program. I understand that as a school volunteer in the state of Georgia, I am a mandated reporter of child abuse and neglect and as such, will fulfill these responsibilities to the best of my ability.

I also understand that if I need any additional training or have any questions regarding the Fulton County Schools' Child Abuse Reporting Protocol, I can obtain assistance from the School Principal, School Social Worker or the Department of School Social Work at 404-763-5608.

\_\_\_\_\_  
Volunteer's Printed Name

\_\_\_\_\_  
Volunteer's signature

\_\_\_\_\_  
Date training completed

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**For Overnight Chaperones Only...**  
**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:**

Qualified Entity	<b>Amana Academy</b>
Authorized Agency	
Position Applied For	<b>Overnight Chaperone</b>

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.

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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.
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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 \_\_\_\_\_

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\*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.**