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 _____

Fulton County Schools
Where Students Come First

BOARD OF EDUCATION
Linda Schultz, *President*
Linda P. Bryant, *Vice President*
Julia C. Bernath • Gail Dean • Catherine Maddox
Linda McCain • Katie Reeves

Robert M. Avossa, *Superintendent*

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