**Parent Volunteer Clearance Form**

**Parent Volunteer Clearance Form**

**Student's Name                                                                  Grade            School Year**

**HOUSTON COUNTY SCHOOL SYSTEM**

**Consent Form**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SCHOOL(s)**

I hereby authorize the Houston County School System to receive any criminal and/or driver's history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

PLEASE **TYPE** OR **PRINT** THE FOLLOWING INFORMATION:

Volunteer's Name

             Last                                        First                             Middle

Home Phone #

Cell #:

Address

                        Street                                                                             City                State             ZIP

Sex                              Race                          Date of Birth                                                Social Security Number

Driver's License Number/State ID Number

 ***All volunteers with the Houston County School System are considered child service organization personnel and have an obligation to report suspected child abuse to a school administrator.***

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**Signature of applicant**

Notary Public Signature                                                                                       Date

(DO NOT WRITE BELOW THIS LINE)

**+++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++**

**Perry Police Department**

**Perry, Georgia**

**\_\_\_\_\_\_** **I certify that I have conducted a search through the GCIC System on the person named above**

**and the results were that, as of this date, this individual has no record on file.**

 **Record on the above named person is attached.**

**Name**

**Date**