



Heritage Academy Volunteer Application

Name _____

Address _____

City, State, Zip _____

Phone (home)_____ (cell)_____

E-mail address _____

Church Name _____

PREFERENCES *We will do our best to match any preference you list below:*

Day of Week (Mon) (Tues) (Wed) (Thurs) (Fri)

Area(s) of Interest in Volunteering

1. _____

2. _____

3. _____

EXPERIENCE *Have you volunteered at Heritage prior to this year?* Yes____ No____

If not, please describe any experience you may have had working with children in a school, church or other organization:

BACKGROUND CHECK *If you are a new volunteer, please fill out the background check authorization form and submit \$20 payable to Heritage Academy if you have not already done so.*

Thank you for your willingness to volunteer! We are grateful!

NOTICE TO VOLUNTEERS REGARDING BACKGROUND INVESTIGATION

I understand that a background screening report and/or an investigative reference check that may include information from public or private sources regarding my character, driving records, criminal history, court records (both civil and criminal), qualifications and experience, work habits, and/or other information relevant to my volunteer service may be obtained in connection with my application as a volunteer with HERITAGE ACADEMY, 333 Greene Street, Augusta, GA 30901.

I understand that, if I am approved for **volunteer service** by HERITAGE ACADEMY, this background check authorization will be kept on file and may be used at any time during my service to procure further information when, in the judgment of HERITAGE ACADEMY, such may be necessary.

I hereby release and discharge to the extent permitted by law, HERITAGE ACADEMY, its employees, any individual or agency obtaining information for HERITAGE ACADEMY, and any personal or professional reference, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

By signing below, I, _____, have read, understand and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for purposes present and future. My signature below certifies that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge.

I understand that I have specific prescribed rights as a consumer under the Fair Credit Reporting Act and may have additional rights under relevant state laws. I hereby certify that I have read the Summary of Rights under the Fair Credit Reporting Act located at <http://www.ftc.gov/bcp/online/pubs/credit/fcrasummary.pdf>.

AUTHORIZATION

Print Name (last, first, middle)

Social Security Number

Date of Birth (MM/DD/YYYY)

Drivers License Number

Drivers License State

For ID Purposes Only

Other names I have been known by (maiden name): _____

Current Address: _____

Previous Addresses (Last 10 Years) _____

Signature

Date

**If a background check is not on file, please remit \$20 payable to Heritage Academy and mail to:
Linda Tucciarone, Heritage Academy, 333 Greene Street, Augusta GA 30901**

BACKGROUND INVESTIGATION EXEMPTION

For the protection of both our volunteers and our children, Heritage Academy requires a basic background check on all volunteers. The security check is processed through an agency called "Safe Hiring Solutions" at a cost of \$20 per person. To minimize our expenses, we request that each volunteer pay the cost of the investigation (make check payable to Heritage Academy).

An exemption is granted for those who have a valid background check through their place of employment, church, or other organization.

If you wish to use an already existing background screening, please fill out the following information in lieu of the background investigation authorization form. You may supply us with a copy, or we will contact the organization and confirm your security screening with the information provided below. *No \$20 fee is required if your background check is available with another organization.*

Thank you for your cooperation.

**Faculty and Staff
Heritage Academy**

MY NAME _____

I already have a valid background investigation in effect with the following organization:

Organization _____

Address _____

Person to Contact _____

Contact phone or email address _____

Date of security check / background investigation _____

For Office Use Only: Date Form rec'd _____ Contact _____ Confirmation _____
