MEMORANDUM

To: Department Manager

From: Human Resources

Subject: Unpaid Volunteers & Interns

Enclosed is information on the subject of volunteering for Cobb County. Although volunteers (and some interns) serve in a non-paid status, they must be suitable for employment.

You should keep a copy for your departmental records and return the following completed forms to Human Resources for any volunteer(s) in your department:

• Acknowledgement & Waiver form
• Authorization for Release of Information form*
• Sedition and Subversive Activities Questionnaire
• Contact Information form

*Using the signed Authorization Release form, Human Resources will coordinate the background check and motor vehicle check (if the volunteer will be driving a county vehicle). Results will be communicated back to you.

We hope this information is helpful to you.
ACKNOWLEDGEMENT & WAIVER OF COMPENSATION
FOR PUBLIC VOLUNTEER/INTERN

Upon signing this release, I, _________________________, hereby volunteer/intern to perform service(s) for Cobb County Government, for civic, charitable, and/or humanitarian reasons.

As a volunteer/intern, I understand that my services are being offered on a volunteer basis without anticipation of financial remuneration from Cobb County Government. As such, I agree to perform services to the assigned governmental entity without promise, expectation or receipt of compensation for services rendered. I fully understand that volunteers are NOT considered to be County employees for any purpose, and that I am NOT entitled to any employee benefits.

I acknowledge that my performance or participation may involve a risk of accident, illness, or injury to me during my service. I acknowledge my understanding that I am not covered by Workers’ Compensation or any other policy of insurances provided by the County in the event of accident, illness, or injury. I agree to indemnify and hold harmless Cobb County, Georgia, its agencies, departments, employees, agents, leaders, instructors, officials, representatives or other volunteers/interns from and against all claims, demands, loss or injury to my person or property incurred through negligence, or other acts or omissions, however caused, as a result of, or during, my participation in volunteer/intern services.

I hereby expressly assume the risk, and I acknowledge that I have carefully read and fully understand this agreement and its contents. I am aware and agree that this is a release of liability and a contract between me and Cobb County, Georgia, its agencies, departments, employees, agents, and other, and I sign this acknowledgement of my own free will.

I also understand that either the County or I may cancel this agreement at any time by notifying the other party in writing.

________________________________   ________________________
Signature of Volunteer/Intern     Date
(or parent/guardian if volunteer/intern is under 18)

________________________________
Printed Name

____________________________  ________________________
Witness        Date
I hereby authorize any employee, officer, investigator, or other authorized agent of the Cobb County Department of Public Safety to receive any criminal history information pertaining to me which may be in the files of any state, local or federal criminal justice agency.

I also request and authorize a review and full disclosure of all such information and records concerning me, to any duly authorized agent of the Cobb County Department of Public Safety, whether the said records are of a public, private, or confidential nature.

I understand that any information obtained by a personal criminal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in making a determination of my suitability to volunteer or intern with Cobb County Government. I authorize a photocopy of this release form to be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I hereby release any and all organizations, reporting agencies, and others from any liability or damage, which may result from furnishing the information requested above.

I also certify the information I have entered on the reverse of this form is true and accurate, to the best of my knowledge, under penalty of law.

Signed this ______________ day of_________________________________ of 20__________

Signature _______________________________________________________________________

Printed Name ____________________________________________________________________

Notary Public Notary Stamp Date

Request For*

☐ Criminal History

*This information will be provided for suitability to volunteer or intern only.
(PLEASE PRINT)

Department Name_________________________

(Please submit your FULL LEGAL NAME. NO initials are to be used unless you have an initial name only.)

Name:________________________________________________________________________________

(Last) (First) (Middle)

Social Security Number: ______________________ - ___________________ - _____________________

Maiden Name: __________________________________________________________________________

Other Names Used: _______________________________________________________________________

Current Address:

___________________________________________________________________________________

(Number, Street, Apt. #)

___________________________________________________________________________________

(City, State, Zip Code)

Other States of Residency:________________________________________________________________

Home Phone:____________________________ Work Phone: __________________________________

Date of Birth:_______________________ Race: ___________________         Sex: M______   F ______

Place of Birth:___________________________________________________________________________

(City, State, and Nation)

Driver's License Number:________________________________________ State: ___________________

Exp. Date:_________________________ Height: ___________________           Weight:_______________

Eye Color: ____________________       Hair Color:________________

Other Driver's Licenses You Have Held:

(State)  (License Number)

______________________________  _________________________________

______________________________  _________________________________

______________________________  _________________________________
SEDITION AND SUBVERSIVE ACTIVITIES QUESTIONNAIRE

1. Department______________________________________________

2. Name____________________________________________________
   (Last Name)                                        (First)                                     (Middle)

   Other names used: (Maiden name, names by former marriages, former names changed legally or otherwise, aliases and
   nicknames. Specify which and show dates used.)

   __________________________________________________________________________________

3. Address___________________________________________________
   (Street & No.)                  (City)                (State)                  (Zip Code)

4. (a) Are you now or have you been within the last ten (10) years a member of any organization which to your
   knowledge at the time of membership advocates or has as one of its objectives, the overthrow of the government
   of the United States or of the government of the state of Georgia by force or violence?

   Yes___ No____ If “Yes”, state the name of the organization and your past and present membership status
   including any offices held therein.

   __________________________________________________________________________________

   (b) If the answer to (a) is “Yes” and the employing authority deems further inquiry necessary, you will be
   notified of such determination. No action adverse to your application will be taken because of an affirmative
   answer until after such an inquiry, with notice to you and an opportunity for you to present evidence, and only if
   the result of such inquiry brings your application within the prohibition within the Sedition and Subversive
   Activities Act of 1953.

5. (a) Have you ever been convicted or are any charges now pending against you, by Federal, State or other
   law enforcing authority, for any violation of any federal law, state law, county or municipal law,
   regulation, or ordinance?  (Do not include anything that happened before your sixteenth birthday. Do not
   include minor traffic violations for which a fine of $35 or less was imposed.  (All other convictions must be
   included even if they were pardoned including First Offender.)  ____Yes___ No_____ *

   (b) If the answer to (a) is “Yes”, please explain the reason for conviction or charges pending against you
   including the date(s), and place(s) where convicted or charged.

   __________________________________________________________________________________

6. Space for Continuing Answers or Explanations: (Show item number to which answers or explanations apply.
   Attach separate sheet(s) if more space is needed.)

   __________________________________________________________________________________

   __________________________________________________________________________________

   __________________________________________________________________________________

   __________________________________________________________________________________

   __________________________________________________________________________________

   __________________________________________________________________________________

   __________________________________________________________________________________

* Please note that a criminal conviction may not disqualify you from consideration.  First Offender treatment is
not regarded as a conviction.

I understand that I make the preceding statements under the penalties of false swearing and possible removal of
consideration for the position.

____________________________________________________________________________________
(Signature and Date)
COBB COUNTY GOVERNMENT
Contact Information Form for Volunteers and Interns

General Information

Legal Name: _________________________________________________

Address: ____________________________________________________
____________________________________________________________

Telephone #: ______________________ Date of Birth: ___________

Marital Status: Married _____ Single: _____

Emergency Contacts

1st Contact: ________________________________________________

Address: ___________________________________________________
___________________________________________________________

Telephone #: _____________________ Relationship: __________

2nd Contact: ________________________________________________

Address: ___________________________________________________
___________________________________________________________

Telephone #: _____________________ Relationship: __________

______________________________________ _____________________
Signature Date

Verified by: ________________________________________________

Date Started: ________________ Date Ended _____________ Department: ________________________________