



**Tony Hagler**  
Director

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  
(or parent/guardian if volunteer/intern is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**COBB COUNTY GOVERNMENT  
AUTHORIZATION FOR RELEASE OF INFORMATION  
(for Volunteers and Interns)**

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)
_____	_____
_____	_____
_____	_____





# COBB COUNTY GOVERNMENT

## Contact Information Form for Volunteers and Interns

### General Information

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Single: \_\_\_\_\_

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### Emergency Contacts

1<sup>st</sup> Contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

2<sup>nd</sup> Contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Verified by: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Department: \_\_\_\_\_