



**CATOOSA COUNTY LIBRARY**  
**Volunteer Application**

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

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

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Why do you want to volunteer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special skills or interests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you like to be contacted on approval?  Yes  No

Would you like to set up a volunteer schedule?  Yes  No

Would you like to be contacted for events?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Staff Use Only:**

Received By \_\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_



**CATOOSA COUNTY LIBRARY**  
**Volunteer Waiver and Release Agreement**

Please print all information, sign where indicated.

Volunteer Applicant Name: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_  
(if volunteer applicant is under 18 years of age)

I, the undersigned, an adult over the age of eighteen (18) and/or the parent or legal/court appointed guardian, in consideration of \_\_\_\_\_ (name of the participant) being granted permission to participate in the Catoosa County Library Volunteer Program and promises that he/she for himself/herself, his/her heirs, executors and assigns, agrees to release and hold harmless the Catoosa County Library, its agents and employees, for all harm, accidents, personal injury or property damage suffered by him/her or the volunteer applicant as a result of the volunteer applicant taking part in the aforementioned program which may include physical activity such as bending, stooping, carrying a book, boxes and other items up to 25 pounds, monitoring and participating in library offered programs and special events; including harms resulting from the negligent acts or omissions of the library or its agents or employees.

As the volunteer applicant or the adult parent/legal guardian of the aforementioned applicant, I give my permission for my child to participate in the aforementioned program.

Please initial: \_\_\_\_\_

I, the undersigned, further agree to indemnify the Catoosa County Library or its agents or employees for any and all liability incurred by it for the harms specified above.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Applicant  Parent / Legal Guardian

This form must be signed by the applicant's parent or legal/court-appointed guardian if the applicant is under eighteen (18) years of age. Applicants over eighteen years of age must sign this form for themselves to participate.

I hereby certify that I have never been arrested for or convicted of any felony or misdemeanor involving sexual or physical abuse of any adult or child, or any felony narcotics offense. I authorize the Catoosa County Library to obtain my criminal records and understand that the fact that I am applying to volunteer will be reported to law enforcement agencies.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the     **Catoosa County Sheriff's Office**     to conduct an inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

<b>Full Name (print):</b>			
<b>Address</b>			
<b>Sex</b>	<b>Race</b>	<b>Date of Birth</b>	<b>Social Security Number</b>

This authorization is valid for 90/180/ \_\_\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with the company.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

Date of inquiry: \_\_\_\_\_ Time of inquiry: \_\_\_\_\_ Operators's initials: \_\_\_\_\_  
Purpose Code used: (check one)

	Employment (E) - Provides <i>Georgia</i> Criminal History Record Information
	Employment with Mentally Disabled (M) - Provides <i>Georgia</i> Criminal History Record Information
	Employment with Elder Care (N) - Provides <i>Georgia</i> Criminal History Record Information
	Employment with Children (W) - Provides <i>Georgia</i> Criminal History Record Information
	Public Records (P) - Provides <b><i>Georgia Felony Convictions</i></b> Only

The inquiry resulted in the following: (check all that apply)

	No Georgia CHRI results available
	Georgia CHRI attached/released
	No NCIC/GCIC Warrant results available
	Possible NCIC/GCIC Warrant. Contact Agency listed below
Wanting Agency Name:	
Agency Telephone	

\_\_\_\_\_  
Agency Designee Signature and Title \_\_\_\_\_ Date

## **SEXUAL ABUSE AND MOLESTATION PREVENTION POLICY**

Catoosa County Government does not permit or allow sexual abuse or molestation to occur in the workplace or at any activity sponsored by or related to it. In order to make this "zero-tolerance" policy clear to all employees and staff members, we have adopted mandatory procedures that employees, board members, individuals, and victims must follow when they learn of or witness sexual abuse or molestation.

Sexual abuse takes the form of inappropriate sexual contact or interaction for the gratification of the actor who is functioning as a caregiver and is responsible for the child's care. Sexual abuse includes sexual assault, exploitation, molestation, or injury. It does not include sexual harassment; which is another form of behavior which is prohibited by Catoosa County Government.

### **REPORTING PROCEDURE**

All staff members who learn of sexual abuse being committed must immediately report it to the Human Resources Director. If a child is the victim, the designee will report it to the local or state Child Abuse Agency. Appropriate family members of the victim must be notified immediately of suspected child abuse.

### **INVESTIGATION & FOLLOW-UP**

We take allegations of sexual abuse seriously. Once the allegation is reported we will promptly, thoroughly, and impartially initiate an investigation to determine whether there is a reasonable basis to believe that sexual abuse has been committed. Our investigation may be undertaken by either an internal team or we may hire an independent third party. We will cooperate fully with any investigation conducted by law enforcement or regulatory agencies and we may refer the complaint and the result of our investigation to those agencies. We reserve the right to place the subject of the investigation on an involuntary leave of absence or reassigning that person to responsibilities that do not involve personal contact with individuals. To the fullest extent possible, but consistent with our legal obligation to report suspected abuse to appropriate authorities, we will endeavor to keep the identities of the alleged victims and investigation subject confidential.

If the investigation substantiates the allegation, our policy provides for disciplinary penalties, including but not limited to termination of the actor's relationship with our organization.

There are a number of "red flags" that suggest someone is being sexually abused. They take the form of physical or behavioral evidence.

Physical evidence of sexual abuse includes, but is not limited to:

- Sexually transmitted diseases;
- Difficulty walking or ambulating normally
- Stained, bloody, or torn undergarments;
- Genital pain or itching; and
- Physical injuries involving the external genitalia

Behavioral signals suggestive of sexual abuse include, but are not limited to:

- Fear or reluctance about being left in the care of a particular person;
- Recoiling from being touched;

- Bundling oneself in excessive clothing, especially night clothes
- Discomfort or apprehension when sex is referred to or discussed; and
- Nightmares or fear of night and/or darkness.

**RETALIATION PROHIBITED**

We prohibit any retaliation against anyone, including an employee volunteer, board member, student, or individual, who in good faith reports sexual abuse, alleges that it is being committed, or participates in the investigation. Intentionally false or malicious accusations of sexual abuse are prohibited.

Anyone who improperly retaliates against someone who has made a good faith allegation of sexual abuse, or intentionally provides false information to that effect, will be subject to discipline, up to and including termination.

**ACKNOWLEDGMENT OF RECEIPT OF SEXUAL ABUSE POLICY**

I, \_\_\_\_\_, acknowledge that I have received and read the sexual abuse policy immediately preceding my signature below. I understand that I am bound to follow the policy and understand the consequences in the event that I fail to do so.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Employee Volunteers

\_\_\_\_\_  
Signature