

Applicant Registration**Step 1 - Please Enter Your Information****Personal Information**

Last Name *

First Name *

Middle Name

Note: Do not enter "NA", "N/A" or "NMN", leave it blank if not applicable.

Suffix

Date of Birth * (MMDDYYYY)

Place of Birth *

SSN (no dashes) (more info)

Note: If you leave SSN blank you must use your Registration ID at the Fingerprinting Site.

Re-enter SSN

Sex *

Race *

Eye Color *

Hair Color *

Height *

Weight *

Country of Citizenship

Driver's License No.

Note: Do not include "GA" in front.

Driver's License State

Address

City

State

Zip

Phone #

Email:

Transaction Information (more info)

Reason * SELECT

Payment * Credit Card

ORI/OAC *



Acknowledgment of Confidentiality Statement

All information concerning the clients, former clients, staff, volunteers, financial data, and business records of The Multi-Agency Alliance for Children (MAAC) is confidential.

“Confidential” means that you are free to talk about MAAC and about your program and your position, but you are not permitted to disclose clients’ names or talk about them in ways that will make their identity known. No information may be released without appropriate authorization. This is a basic component of client care and business ethics. The Board of Directors, staff and our clients rely on all people privy to confidential information, including contractors, paid and volunteer staff, to conform to this rule of confidentiality.

MAAC expects volunteers to respect the privacy of clients and to maintain their personal and financial information as confidential. All records dealing with specific clients must be treated as confidential. General information, policy statements or statistical material that is not identified with any individual or family is not classified as confidential. Staff members are responsible for maintaining the confidentiality of information relating to other staff members and volunteers, in addition to clients. Failure to maintain confidentiality may result in termination of your volunteer roles. This policy is intended to protect you as well as MAAC because in extreme cases, violations of this policy also may result in personal liability.

I agree to treat as confidential all information about clients, former clients and their families, our staff, volunteers, and financial data, and business records that I learn during the performance of my duties as a volunteer, and I understand that it would be a violation of policy to disclose such information to anyone without obtaining appropriate authorization or approval.

Name: _____

Signature: _____

Date: _____

General Handbook Acknowledgment

This Volunteer Handbook is an important document intended to help you become acquainted with MAAC. This document is intended to provide guidelines and general descriptions only; it is not the final word in all cases. Individual circumstances may call for individual attention.

Because the Company's operations may change, the contents of this Handbook may be changed at any time, with or without notice, in an individual case or generally, at the sole discretion of Leadership.

Please read the following statements and sign below to indicate your receipt and acknowledgment of this Volunteer Handbook.

I have received and read a copy of MAAC's Volunteer Handbook. I understand that the policies, rules, and benefits described in it are subject to change at the sole discretion of the Company at any time.

I further understand that my volunteer role is terminable at will, by either myself or the Company, with or without cause or notice, regardless of the length of my employment or the granting of benefits of any kind.

I understand that my signature below indicates that I have read and understand the above statements and that I have received a copy of the Company's Volunteer Handbook.

Volunteer's Printed Name: _____ Position: _____

Volunteer's Signature: _____ Date: _____

The signed original copy of this acknowledgment should be given to Management - it will be filed in your personnel file.

The Multi-Agency Alliance for Children, Inc.

Volunteer Waiver, Release of Liability, and Hold Harmless Agreement

I have agreed to serve as a Volunteer for the Multi Agency Alliance for Children, Inc. (MAAC). This Waiver, Release, and Hold Harmless Agreement covers all activities, duties, events and occurrences associated with the Volunteer activities.

By signing this Waiver, Release of Liability, and Hold Harmless Agreement, I voluntarily agree:

If I have concerns about my health or ability to participate in Volunteer activities, it is my responsibility to discuss my concerns with my physician before deciding to participate as a Volunteer.

As a Volunteer, I am not an Volunteer of MAAC nor am I covered by worker's compensation or any other insurance policy through the MAAC.

To assume the risk that unexpected events may occur and result in loss, harm, injury, or illness to me or damage to my property while I am participating in or observing Volunteer activities or while I am traveling to or from MAAC.

I hereby agree to indemnify and hold harmless MAAC, its sponsors, Volunteers, volunteers, affiliates, officers, agents, successors and assigns, subordinates, and any other persons connected to MAAC from any liability.

In the event that I require emergency medical treatment, I give my permission for evaluation, diagnoses, treatment, and/or medication in accordance with the standard medical practice by licensed medical personnel. I relieve MAAC of all responsibility and consequences that may arise as a result of treatment. Further, I agree to accept all financial responsibility as a result of the performed treatment.

Printed or Typed Name of Volunteer: _____

Signature of Volunteer: _____

Date: _____

Volunteer Contact Information

Last Name _____ First Name _____

Address _____ City _____

State _____ Zip Code _____

Cell Phone: _____ E-Mail: _____

Emergency Contacts

Name _____ Relationship _____

Address _____

Phone Number _____

Name _____ Relationship _____

Address _____

Phone Number _____

Please list any medical concerns. _____

Are there any special skills you would like to share with a youth via training?

Get To Know You

Name: _____

1. What is your area of expertise? _____

2. What other skills would you be interested in sharing with our young people?

3. What areas would you like to teach/train on?

4. Would you be interested in tutoring/mentoring a youth?

Any additional ideas/thoughts.

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or retained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>. You may find information regarding how to obtain a copy of your Georgia criminal history record on the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-recordinformation-frequently-asked-questions>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-askedquestions>.
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket

Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

Print Name

Date

Signature