

Physical Address: 2360 Murphy Blvd. Gainesville, GA 30504
Mailing Address: P.O. Box 5758 Gainesville, GA 30504
Phone: (770) 535-8372
Fax: (770) 535-0252
Website: www.mysisu.org
Email: volunteer@mysisu.org

Volunteer Application

Volunteer Information

Full Name: _____ Date of Birth: _____
Last First M.I.

Address: _____
Street Address Apartment/Suite #
_____ City State Zip Code

Home Phone: _____ Cell Phone: _____

Primary Contact Number: (Check One): Home Mobile

Email Address: _____

Past Volunteer Experience: _____

Employer's Name & Job Title: _____

Affiliation: _____

Skills & Interests: _____

Referred By (Person/Organization): _____

Would you like to be added to our volunteer mailing list? Yes No

T-Shirt Size (Adult Sizes): S M L XL XXL

Release of Liability

By submitting this application, I waive any and all claims for myself and my heirs against Sisu in the event of injury or illness which may result directly or indirectly from my participation as a volunteer. I state that I am in proper physical and mental condition to participate. In the event of accident or illness that may occur while participating as a volunteer, I acknowledge that accident or health insurance or payment for medical transport or treatment are not provided by Sisu and that I am solely responsible for such costs.

Volunteer Applicant Signature: _____ Date: _____



TB Test

Information for Volunteers

Sisu program volunteers need to have a current* TB test with negative results. (* current = within one year/12 months)

The test can be obtained from your family physician or private or public health clinics.

The test must be done on a Monday, Tuesday or Wednesday as the site of the shot must be examined in 2 days.

A document will be provided by the health care provider with results, and you must submit that document to Sisu's Volunteer Coordinator.

MMR Vaccinations

It is the policy of Sisu to maintain proof of the Measles/Mumps/Rubella (MMR) vaccine on all volunteers.

Anyone born prior to 1957 is exempted.

If you are unable to obtain a copy of your vaccination record (including your MMR vaccine) from your primary care physician, you may request that a titer (blood test) be drawn to test for immunity. If your blood test does not show immunity, your physician may give you a MMR booster vaccine. **You will need to provide us a copy of the results of your blood test (titer) or proof of the vaccine.**

For questions or concerns please contact the Volunteer Coordinator at 770-535-8372
or volunteer@mysisu.org

To Self Register, Self Pay for a fingerprint scan:

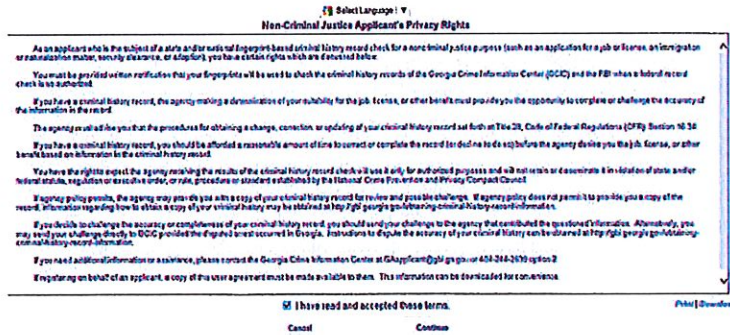
- Go to:

<https://www.aps.gemalto.com/ga/index.htm>

- Click Applicant Registration
- Select Department of Early Care & Learning (DECAL)



- Click Register to be Fingerprinted
- Click on I have read and accept these terms then continue



- Complete all areas in yellow. Use **YOUR** personal email and home address.
 - Position Applied for example:
 - Student
 - Volunteer
 - Teacher
 - Paraprofessional

Select Language: ▼
Applicant Registration
Step 1 - Please Enter Your Information

Transaction Information

Revising Agency ID: **GA3221952** Reason: **DECAL - Division Director Em**

Requesting Agency ID: (Default is Requesting Agency ID) Position Applied for: **POSITION OFFERED**

Payment: **Credit Card** Fingerprint Card User: No, I will not use a card and will pay for my fingerprints in person.

Personal Information

Last Name: **ANY** First Name: **EMPLOYEE**

Middle Name: **SELECT** Suffix: **SELECT**

Social Security #: **12356499** Re-enter SSN: **12356499**

Date of Birth: **02/01/1953** Wt/Height: **150**

Sex: **Female** Race: **White (includes Mexican and**

Eye Color: **Blue** Hair Color: **Brown**

Height: **5'06"** Place of Birth: **GEORGIA**

County of Citizenship: **UNITED STATES** State Driver's License: **SELECT**

Driver's License #: **DASHLAD123**

Address Information

Address: **2361 MURPHY BLVD** Address 2:

City: **DANESVILLE** APT.:

State: **GEORGIA** Zip: **30604**

Phone #: **7705155372** Email: **WH@CHALLENGEDCHILD.ORG**

Reset Continue

Note: *Fields in yellow are required.
Please note that fingerprinting hours may be different than open store hours. Be sure to confirm that the location is fingerprinting before heading down.



Applicant Fingerprinting Online Services



Applicant Registration Step 4 - Registration Complete

Thank you for Registering Receipt

Registration ID:	GA XXXXX6289340
ORI:	GA922290Z - GA DEPT EARLY CARE & LEARNING
Last Name:	SAMPLE
First Name:	SAMPLE
Transaction Type:	DECAL- Daycare Director/ Employee
Payment Type:	Credit Card
Transaction Fee:	48.25
Payment Confirmation #:	37XXXX4800
Message:	

*This registration will expire after 90 days from the registration date.
It will be cancelled and any payment refunded at this time if the applicant has not been fingerprinted.
Please print information and take it to the fingerprinting site.*

Print Receipt

Close

TO FIND A LOCATION FOR FINGERPRINTING GO TO THE FOLLOWING LINK:

<https://www.aps.gemalto.com/ga/index.htm>

- Under Helpful Links click the first link
 - *Find a fingerprint location*

Here are the locations for the Hall County Region:

Company	City	State	County
<u>The UPS Store #3778</u>	Athens	GA	Clarke
<u>Advantage Behavioral Health Systems</u>	Athens	GA	Clarke
<u>Qwik Pack and Ship</u>	Martinez	GA	Columbia
<u>Breath of Life Training</u>	Martinez	GA	Columbia
<u>AVITA Community Partners</u>	Flowery Branch	GA	Hall
<u>The UPS Store #4611</u>	Flowery Branch	GA	Hall
<u>Hancock County Sheriff Office</u>	Sparta	GA	Hancock

BRIGHT FROM THE START
Georgia Department of Early Care and Learning
FINGERPRINT RECORDS CHECK APPLICATION

To receive a fingerprint records check determination letter, you must complete all of the following steps:

1. Complete the online application and submit or complete this paper application and mail it to the DECAL Records Unit
2. Register with the COGENT system
3. Scan your fingerprints through COGENT
4. Follow instructions provided by DECAL if you've lived in a US territory, tribal land or state other than GA in the past five years.

INSTRUCTIONS FOR COMPLETING PAPER FINGERPRINT RECORDS CHECK APPLICATION

Please use a blue or black ball point pen, press firmly, and PRINT legibly.

APPLICANT WILL COMPLETE THE FOLLOWING SECTIONS:

First, write your COGENT Registration ID number at the top of the form in the space provided.

1. Check the box that identifies the type of fingerprint records check applicant.
2. Check the box that identifies the type of child care facility or program.
3. Print your date of hire.
Print your full name, including your MAIDEN name and any known ALIASES. DO NOT use initials if you have a given name.
Print your date of birth.
Print your gender: Female, Male, Unknown.
Print your race: Asian or Pacific Islander, Black, American Indian or Alaskan Native, Unknown, White (includes Mexicans and Latinos).
Print your Social Security Number.
Print your place of birth: List the state/territory if you were born in the United States. If you were born outside of the United States, list the country in which you were born.
Print your height.
Print your weight.
Print the color of your eyes: DO NOT abbreviate: Brown, Black, Gray, Blue, Green, Hazel, Maroon, Multicolored, Pink or Unknown.
Print the color of your hair: DO NOT abbreviate: Black, Blonde, Blue, Brown, Gray, Orange, Pink, Purple, Red, Sandy, Unknown/Bald or White.
Print your home and cell telephone numbers with area code.
Print your personal email address (*not the email address of the child care facility*).
Print your complete home address (*no P.O. Boxes*).
Print your complete mailing address if different than your home address. If your mailing address is the same as your home address, print "SAME AS ABOVE" on that line.
4. Indicate whether you have lived in a state or territory of the United States other than Georgia any time within the past five years. If you have, list those states or territories. DO NOT abbreviate.
5. Read the consent statement. Sign and date on the spaces provided if you agree to the terms of the consent statement.

DIRECTOR, PROVIDER OR PROGRAM ADMINISTRATOR WILL COMPLETE THE FOLLOWING SECTIONS:

6. Print the name of your program as it appears on your license, registration, permit, exemption or commission certificate.
Print the license, registration, permit, exemption or commission number of your program.
Print the program's physical address.
Print the program's mailing address, if different than the physical address.
Note that record check determination letters will be emailed ONLY to the primary email address on file with the state.
7. Director, Provider or Program Administrator must sign his/her name as it would appear on business letter.
Print the name of the Director, Provider or Program Administrator name below the signature.
Print the date signed.
Print the program telephone number.
8. MAIL the completed, and signed form to the Records Unit (faxed applications will not be accepted).

BRIGHT FROM THE START: GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING

Attention: Records Unit
2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower
Atlanta, Georgia 30334