



Volunteer

- Administration - Assist Principal, Grant Writer, Field Trip Coordinator, and Bookkeeper in Projects.
- Construction projects - The Academy needs HVAC Technicians, Electricians, Plumbers, Dry Wall Installers, Drop Ceiling Installers, and Painters to assist in a variety of projects.
- Event Planner - Assist in coordinating the Cotillion Dance, Daddy Daughter Dance, Graduation, Senior Ring Ceremony.
- Fundraiser - Assist in fundraising projects or create your own.
- Nutritious Meals - Prepare, serve and clean up a nutritious meal for 20 Cowboy Kids. One protein, one vegetable, one starch.
- Read with Students - Spend one-on-one time with our youngest Cowboy Kids, listen to them read. Help them learn phonics and words using flash cards.
- Join the School Board - We have an active board that collaborates, fundraises, takes on projects, participates in school activities, and is always searching for new ways to make the Academy a better educational institution.
- Social Media - Maintain the Academy's Facebook and Twitter accounts by posting pictures and comments about what's going on at the Academy.
- Summer School Teachers - Needed one day a week from beginning of June until end of July hours 9:00 AM to 2:00 PM.
- Teacher's assistants - Record grades, check tests, and assist Cowboy Kids with their studies.
- Tutors - Specialized abilities needed in Algebra, Science, Health, Math or English. Work one-on-one with Cowboy Kids.

Please fill out the **Volunteer and Background Check form** located at the bottom of the **Get Involved page**, or print out the forms here and email to info@academyhhranch.org.

If you would like more information contact info@academyhhranch.org or call 803-993-8007



Volunteer Information Form

Contact Information

Name	
Street Address	
City State Zip Code	
Home Phone (optional)	
Cell Phone	
E-Mail Address	
Church Membership	

Availability

During which hours are you available for volunteer assignments?

<input type="checkbox"/> Weekday mornings	Days: M T W TH F	Frequency: Weekly Monthly Other
<input type="checkbox"/> Weekday afternoons	Days: M T W TH F	Frequency: Weekly Monthly Other
<input type="checkbox"/> Work from home	Frequency: _____ hour(s) per	day week month

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Administration	Skills/Interests:
<input type="checkbox"/> Events	Skills/Interests:
<input type="checkbox"/> Meals	
<input type="checkbox"/> Mentoring/Teaching	Subjects and/or Grades:
<input type="checkbox"/> Cleaning/Maintenance	Skills:
<input type="checkbox"/> Social Media	
<input type="checkbox"/> Volunteer coordination	

References

Name	Phone Number

Person to Notify in Case of Emergency

Name	
Cell Phone	

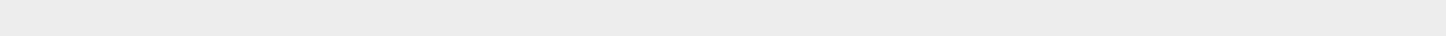
Agreement and Signature

By submitting this form, I affirm that the facts set forth in it are true and complete and that any false statements or misrepresentations made by me on this form may result in my immediate dismissal.

Name (printed)	
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Signature	
Date	





Pickens Sheriff's Office
2985 Camp Road
Jasper, GA 30143
706-253-8900

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Pickens Sheriff's Office to conduct an inquiry for the purpose(s) listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

This authorization is valid for 180 days from date of signature

 Signature Date

 Attorney for Individual Bar Number Date

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check all that apply)

<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	P - Public Records
<input type="checkbox"/>	U - Personal Copy
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	N - Working with Elderly

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

<input type="checkbox"/>	NO Criminal History
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

 Agency Designee Signature and Title Date