

# Georgia School for the Deaf



## VOLUNTEER EMPLOYMENT PACKET

1. Application and Reference Form
2. Volunteer Agreement Form
3. Volunteers, State Schools Policy
4. Employee-Student Relationships Policy
5. Policy Signature Sheet
6. State of Georgia Loyalty Oath
7. Authorization for Release of Information
8. Volunteers must have a background check completed prior to service.

Return the completed attachments to the Georgia School for the Deaf. You may bring these documents to office at the school or you may mail them to:

Leslie Jackson, Principal  
Georgia School for the Deaf  
232 Perry Farm Road, SW  
Cave Spring, GA 30124

Daytime Telephone Number										E-mail Address									
Last Name					First Name					Middle Init.									
Street or Mailing Address															Apartment No.				
City										State			Zip Code			County			

**EMPLOYMENT ELIGIBILITY:** To be employed by the State of Georgia, you must meet certain State and Federal employment eligibility requirements. These include (but are not limited to) United States citizenship or authorization to work in this country, positive rehire status if previously employed by the State, and no felony convictions (for some jobs). Please answer the following questions.

1. Are you a United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. Are you an alien authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	3. Have you ever been dismissed from any State of Georgia government position? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If YES, attach an explanation.</b>	4. Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>If YES, attach an explanation.</b>
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**I would like to volunteer in the following department(s):** \_\_\_\_\_

School/Classrooms (8:00 a.m. – 3:15 p.m.) Student Life/Dormitory (4:00 p.m. – 9:00 p.m.)

**Days available:** \_\_\_\_\_ **Times available:** \_\_\_\_\_

**Why do you want to volunteer at GSD?** \_\_\_\_\_

**EDUCATION:**

High School Graduate or Equivalent (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vocational/Business School:	No. of Months:	Field of Study:	Completed: Yes <input type="checkbox"/> No <input type="checkbox"/> Date: (Mo./Yr)					
<b>PLEASE LIST EXACT COLLEGE HOURS :</b>		CREDIT RECEIVED		FIELD/AREA OF CONCENTRATION	TYPE OF DEGREE	DATE DEGREE COMPLETED			
COLLEGES/UNIVERSITIES	CITY and STATE	Qtr Hrs	Sem Hrs	Major	Hrs	Minor	Hrs	(BA/BS/MA/PhD)	(Mo./Yr.)

**LANGUAGE SKILLS:** Check any which apply to you.  Multilingual (Specify languages) \_\_\_\_\_  Sign Language

**GEORGIA LICENSES AND CERTIFICATIONS:**

Type of License/Certificate	License/Certificate Number	Expiration (Mo./Yr.)	Specialization/Endorsements
Current Valid Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Valid Commercial Driver's License (CDL): Class (Check One): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
Teacher Certified in Georgia: Type of Certificate Held:			
Other Professional License/Certificate: _____			

**CERTIFICATION: Read carefully before signing and dating. Unsigned applications will not be processed.**  
I certify that all information on this application is correct. I authorize any agent or employee of the State to verify this information and to release it to anyone who may consider me for appointment. I understand that intentionally providing false information on this form or attachments is a violation of state law. I further certify that either: 1) I have not been convicted of a drug-related criminal offense; or 2) if I have been convicted of a drug-related criminal offense, it has been more than three (3) months since my first conviction, or more than five (5) years since a second or subsequent conviction (O.C.G.A. 45-23 et. Seq.).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WORK HISTORY:** Describe your work history below beginning with your current or most recent job. Include military and volunteer experience. If you worked for the same employer but held different jobs describe each separately. Describe in detail the specific duties beginning with your primary duties. If you need more space, print out the supplemental work history page and attach to the application. Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration. *You may submit a resume to document your work background.* However, if the resume does not contain all the information requested in the Work History section, please fill in that information on the application.

Current or Last Employer:	Your Job Title:		
Address	From (mo/yr)	To (mo/yr)	Hours per Week:

City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid	Annual Salary
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Your Supervisor's Phone Number (    )
Reason for Leaving			# and types of employees you supervised:	
Describe in detail your job duties.				
<i>Related Computer Skills:</i>				

Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid	Annual Salary	
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Your Supervisor's Phone Number (    )	
Reason for Leaving			# and types of employees you supervised:		
Describe in detail your job duties.					
<i>Related Computer Skills :</i>					

Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid	Annual Salary	
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Your Supervisor's Phone Number (    )	
Reason for Leaving			# and types of employees you supervised:		
Describe in detail your job duties.					
<i>Related Computer Skills :</i>					

*WORK HISTORY: Describe your work history below beginning with your current or most recent job. Include military and volunteer experience. If you worked for the same employer but held different jobs describe each separately. Describe in detail the specific duties beginning with your primary duties. If you need more*

Current or Last Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid	Annual Salary	
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Your Supervisor's Phone Number (    )	

Reason for Leaving	# and types of employees you supervised:
Describe in detail your job duties.	
<i>Related Computer Skills:</i>	

Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number (      )
Reason for Leaving			# and types of employees you supervised:		
Describe in detail your job duties.					
<i>Related Computer Skills :</i>					

Employer:			Your Job Title:		
Address			From (mo/yr)	To (mo/yr)	Hours per Week:
City	State	Zip Code	Check all that apply: <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Paid		Annual Salary
Your Supervisor's Name and Title			May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Your Supervisor's Phone Number (      )
Reason for Leaving			# and types of employees you supervised:		
Describe in detail your job duties.					
<i>Related Computer Skills :</i>					

# REFERENCES for VOLUNTEERS

## I. Please list a contact person to be notified in case of an emergency.

Name _____		Relationship _____
Address _____		
City _____	State _____	Zip _____
Phone Number: (_____) _____		(_____) _____

## II. Please list personal and/or business references below.

Name: _____	
Address: _____	
_____	
Phone: _____	Relationship: _____
Name: _____	
Address: _____	
_____	
Phone: _____	Relationship: _____
Name: _____	
Address: _____	
_____	
Phone: _____	Relationship: _____

# Georgia School for the Deaf Volunteer Agreement Form

## 1. Confidentiality

I understand that the parents or legal guardians of the students attending Georgia School for the Deaf have given permission for pertinent information about their children to be shared with team members involved with and concerned about their child. The team is defined as those individuals who work with their child and/or attend consultation meetings on the child's behalf.

I understand that as a volunteer, I am bound to keep all information confidential that is obtained in these team meetings, discussions, or in students' records. The information that I share in these meetings will be pertinent to the student's performance or behavior.

## 2. Computers/Internet/E-Mail

I understand that the use of Georgia School for the Deaf's computers, Internet service and/or E-mail services is for educational purposes only and may not be used for personal business.

## 3. Dress Appropriately

As a role model for the students, I will dress appropriately when I am volunteering at GSD.

## 4. Drug- and Alcohol-Free Workforce

I understand that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance (e.g. alcohol, marijuana or other drug) is prohibited at all times.

## 5. Employee-Student Relationships, State Schools

I have received a copy of policy # SS-2000 and I understand these provisions apply to me as a volunteer.

## 6. Phones

I will limit the use of school phones to five minutes for personal calls and will not access long distance service without calling collect or using a calling card.

## 7. Sexual and Other Harassment Policy

As a volunteer at GSD, I will not harass others and I will report harassment to the director or supervising staff member. Harassment includes, but is not limited to, offensive remarks or actions, unwelcome sexual advances, verbal abuse of a sexual or offensive nature, degrading graphic or verbal comments, and other verbal or physical conduct.

## 8. Smoke and Tobacco-Free Campus

The use of tobacco in any form is prohibited on campus and in vehicles.

## 9. Background Check/Fingerprinting

I understand a personal background check is required by the Department of Education at the volunteer's expense. An appointment will be set up through our Human Resource office.

***I have read this agreement form and agree to abide by the rules and regulations of the Georgia School for the Deaf.***

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



# Georgia Department of Education

## Policies and Procedures

Policy Title:	<i>Volunteers, State Schools</i>		
Policy Number:	<i>SS-8001 Descriptor Code-JV-1</i>		
Release Date:	<i>10-08-02</i>	Last Revised:	<i>1/17/13</i>

### Purpose

To encourage the participation of volunteers at the State Schools in performing tasks under the direction and supervision of staff while helping to ensure the safety and security of students, staff, and volunteers.

### Applicability

This policy applies to all volunteers at the Atlanta Area School for the Deaf, the Georgia Academy for the Blind, and the Georgia School for the Deaf.

### Policy

The use of volunteers to serve as resource persons and to provide other special services is endorsed and encouraged. It is recognized that volunteering serves as a vehicle for members of the community to become involved in the affairs and support of the school. The use of volunteers should always complement the regular school program.

### Definitions

*Parent Volunteer:* a parent or guardian who currently has a child enrolled in and attending that school, or is a member of the community who continues as a volunteer in a school without interruption after the child has left the school.

*Community Volunteer:* any member of the community who does not have a child enrolled in the school and who agrees to undertake, without pay, a designated task which supports a classroom, a school, or a system-wide program.

Note: When not specifically stated, the word **volunteer** refers to both parent and community.

**General Provisions**

The purpose of inviting volunteers to assist students in schools is to:

1. Encourage participation to enhance school-based activities and academic learning.
2. Increase communication and positive relationships between the school, parents, and the community.

An accurate and current list of all active volunteers shall be maintained by the school.

Volunteers, including student teachers and interns, shall undergo a criminal background check/fingerprinting at his/her own expense unless the school principal approves otherwise.

For liability reasons, all volunteers shall be part of a structured volunteer program that includes training. (*O.C.G.A* Section 50-21-22.) A structured volunteer program is one where there is generally a written outline of the volunteer program available in some form, i.e., brochure, parental consent agreement, volunteer application form, or student teacher agreement.)

Volunteers are expected to comply with all rules and regulations set forth by the Georgia Department of Education and the respective school.

Volunteers shall be subject to the supervision and direction of certified personnel and shall be under the authority of the school principal at all times.

Volunteers shall not be immune from personal liability and may be held responsible for any negligent conduct which might directly or indirectly cause injury or harm to students or staff.

Volunteers shall perform their duties without remuneration.

A school principal has the discretion to accept or reject any volunteer at any time.





# Georgia Department of Education

## Policies and Procedures

Policy Title:	<i>Employee-Student Relationships, State Schools</i>		
Policy Number:	<i>SS-2000 Descriptor Code-GBU-2</i>		
Release Date:	<i>10-08-02</i>	Last Revised:	<i>5-20-09</i>

### Purpose

The purpose of this policy is to outline unacceptable behavior and/or actions that are inappropriate and prohibited in regard to employee-student interaction.

### Applicability

This policy applies to employees at the Atlanta Area School for the Deaf, the Georgia Academy for the Blind, and the Georgia School for the Deaf.

### Policy

The Georgia Department of Education is committed to an educational environment in which all students are treated with respect and dignity. Every school employee is to provide students with appropriate guidance, understanding, and direction, while maintaining a standard of professionalism and acting within accepted standards of conduct. A “student” is anyone enrolled in a Georgia public school from preschool through grade 12, or anyone under the age of 18. A graduating student’s enrollment does not end until August 31<sup>st</sup> of the year he/she graduates. Graduates that “walk the stage” but return the next school year for continued services are considered “students” and this policy would still apply.

### General Provisions

- A. This policy applies to all school employees at all times, whether on or off duty and on or off of school locations.
- B. At all times, students will be treated by teachers and other school employees with respect, courtesy and consideration and in a professional manner. Each school employee is expected to exercise good judgment and professionalism in all interpersonal relationships with students. Such relationships must be and must remain on a teacher-student basis or an employee-student basis.
- C. Teachers must be mindful of their inherent positions of authority and influence over students. Similarly, other school employees also may

- hold positions of authority over students of the school and must be mindful of their authority and influence over students.
- D. Sexual relationships between school employees and students, without regard to the age of the student, are strictly forbidden and may subject the employee to criminal liability.
- E. Other actions that violate this policy include, but are not limited to, the following:
- i. Dating students.
  - ii. Having any interaction/activity of a sexual nature with a student.
  - iii. Committing or attempting to induce students or others to commit an illegal act or act of immoral conduct which may be harmful to others or bring discredit to the school.
  - iv. Supplying alcohol or any illegal substance to a student, allowing a student access to such substances, or failing to take reasonable steps to prevent such access from occurring.
- F. School employees shall, whenever possible, employ safeguards against improper relationships with students and/or claims of such improper relationships. [Note such safeguards may include the following: avoiding altogether or minimizing physical contact, keeping doors open when talking or meeting with students one-on-one, and/or making sure that such meetings with a student take place in rooms with windows and/or others nearby.]
- G. Informal and social involvement with individual students is unprofessional, is not compatible with employee-student relationships, and is inappropriate.
- H. Employees shall not give students rides in vehicles unless acting in the capacity of bus operator for event purposes or approved school related matters.
- I. Employees may not have students stay in their homes or share other room type accommodations.

#### REPORTING AND INVESTIGATION

- A. Complaints and/or concerns regarding alleged violations of this policy shall be made to the School Director and appropriate authorities/agencies.
- B. All employees shall cooperate with any investigation of alleged acts, conduct, or communications in violation of this policy.

#### POSSIBLE ACTIONS TAKEN

Upon receipt of a report, DOE will take appropriate action. Such action may include, but is not limited to, warning, suspension, exclusion, expulsion, transfer, remediation, termination or discharge. It also may include reporting to appropriate state or federal authorities, including the

Professional Standards Commission. Action taken for violation of this policy will be consistent with Georgia and federal law and DOE policies.

#### SCOPE OF LIABILITY

Employees are placed on notice that if an employee acts outside the performance of the duties of the position for which the employee is employed, or is guilty of malfeasance, willful neglect of duty, or bad faith, the DOE is not required to defend and indemnify the employee for damages in school-related litigation.

#### **Authority and/or Cross-Reference**

- O.C.G.A. 20-2-200; 20-2-981 through 20-2-984.5
- O.C.G.A. 19-7-5

# Georgia School for the Deaf



## MEMORANDUM

TO: All Volunteers

SUBJECT: Volunteer and Employee Relations Policies

.....

By my signature I verify that I have received, read and understand the following policies:

- (1) SS-8001, Volunteers, State Schools, Revised 1/8/09
- (2) SS-2000, Employee-Student Relationships, Revised 11/22/03

Volunteer's Name:

\_\_\_\_\_  
(Please Print)

Volunteer's Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

**STATE OF GEORGIA  
STATE SECURITY QUESTIONNAIRE  
LOYALTY OATH**

NOTICE TO APPLICANTS/EMPLOYEES/VOLUNTEERS: The Sedition and Subversive Activities Act of 1953 (Ga. Laws, 1953), as amended, requires each applicant/employee to complete and sign, prior to his/her employment in State government, a questionnaire which is designed to establish that there are no reasonable grounds to believe that he/she is a subversive person. (DOE also requires the same questionnaire for volunteers prior to providing service to the Department.) A subversive person is defined as one who commits acts, advocates, or teaches the overthrow of the government of the United States or government of the State of Georgia by force or violence, or who is a knowing member of a subversive organization. Georgia Code 45-3-11 requires all employees of State government to take an oath that they will support the Constitution of the United States and the Constitution of the State of Georgia.

INSTRUCTIONS: All items must be completed on a typewriter or printed in ink. If more space is needed for any item, or explanation, continue under item 10. This questionnaire and loyalty oath will be filed in the employee's personnel file or the volunteer's volunteer file in the employing agency. The employee/volunteer may request that a copy be executed for his/her personal files.

<b>FULL NAME, INCLUDING MAIDEN NAME, NAMES OF FORMER MARRIAGES, FORMER NAMES CHANGED LEGALLY OR OTHERWISE, ALIASES AND NICKNAMES AND THE DATES USED.</b>					
1.	LAST NAME	FIRST NAME MIDDLE NAME	PHONE NO. (       )		
	MAIDEN NAME	DATES USED	NICKNAMES	DATES USED	
	OTHER NAMES, INCLUDING ALIASES & FORMER MARRIAGES				
		DATES USED		DATES USED	
2.	ADDRESS (No. and Street of Residence)			APT. NO. CITY STATE COUNTY ZIP CODE	
3.	DATE OF BIRTH	U.S. CITIZEN (Nationality _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No	RACE	
				SEX	
4.	Are you now or have you been within the last ten (10) years a member of any organization which to your knowledge at the time of membership advocates or has as one of its objectives, the overthrow of the government of the United States or of the government of the State of Georgia by force or violence? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", state the name of the organization and your past and present membership status including any offices held therein.				
	NOTE: If the answer to the above question is "Yes" and the employing authority deems further inquiry necessary, you will be notified of such determination. No action adverse to your application will be taken because of an affirmative answer until after such an inquiry, with notice to you and an opportunity for you to present evidence, and only if the result of such inquiry brings your application within the prohibition within the Sedition and Subversive Activities Act of 1953.				
5.	LIST CHRONOLOGICALLY ALL OF YOUR PREVIOUS RESIDENCES FOR THE PAST TEN YEARS:				
	DATES		STREET	CITY	STATE
	From	To			
6.	LIST NAMES AND ADDRESSES OF THE FOLLOWING:				
	SPOUSE	ADDRESS			
	FATHER	ADDRESS			
	MOTHER	ADDRESS			

7.	MILITARY SERVICE: (Past or Present)						
	SERIAL NUMBER	BRANCH	ACTIVE SERVICE		ACTIVE OR INACTIVE SERVICE		DISCHARGED Honorably: ( ) Dishonorably: ( ) Other: ( ) If discharged other than honorably, explain in item 10.
			From	To	From	To	

8.	Have you ever been convicted by Federal, State, or other law-enforcement authorities, for any violation of any federal law, state law, county or municipal law, regulation, or ordinance? (Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of \$35.00 or less was imposed. All other convictions must be included even if they are pardoned.) <input type="checkbox"/> YES <input type="checkbox"/> NO    If the answer is "Yes", state the reason convicted, the date convicted and the place where convicted.			
	CHARGE ON WHICH CONVICTED	DATE CONVICTED	NAME OF COURT & PLACE WHERE CONVICTED	PARDONED (Yes or No)

9.	Are there any charges now pending against you by Federal, State, or other law enforcement authorities, for any violation of any federal law, State law, county or municipal law, regulation or ordinance? (Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of \$35.00 or less would likely be imposed.) <input type="checkbox"/> YES <input type="checkbox"/> NO    If the answer is "Yes", provide the following information.		
	VIOLATION CHARGED	NAME OF GOVERNMENT	NAME OF COURT & LOCATION WHERE PENDING

10.	SPACE FOR CONTINUING ANSWERS OR EXPLANATIONS: (Show item numbers to which answers or explanations apply. Attach a separate sheet if more space is needed.)

**NOTE: Before signing this form, check all answers and explanations to see that you have answered all questions fully and correctly. This form is to be executed under oath subject to the penalties of false swearing as prescribed in Code Section 16-10-71 of the Criminal Code of Georgia.**

**LOYALTY OATH**

I, \_\_\_\_\_, a citizen of \_\_\_\_\_ and being an employee/volunteer of the Department of Education and the recipient of public funds for services rendered as such employee, do hereby solemnly swear and affirm that I will support the Constitution of the United States and the Constitution of the State of Georgia, and I am not a member of the Communist Party.

**AFFIDAVIT OF VERIFICATION**

Georgia \_\_\_\_\_ County

Personally appeared before the undersigned officer, duly authorized to administer oaths, who, after being duly sworn, deposes and says and declares under penalties of false swearing that he is the person who executed the foregoing instrument; that he has read and completed the same and knows and understands the contents thereof; that the matters stated therein and the answers and information furnished by him in the foregoing questionnaire, and loyalty oath, including any attachments thereto, are true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME: \_\_\_\_\_  
(Signature of Affiant)

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My commission expires: \_\_\_\_\_



# Georgia Department of Education

## Authorization for Release of Information and Notice of Penalties for Falsification

**PERSONAL DATA** (Please Print)

First	Middle/Maiden	Last	Social Security Number			
Street Address		Apt. #	City	County	State	Zip Code
Date of Birth	Sex	Race	Height	Weight	Eye Color	Hair Color

My signature below indicates that I authorize a criminal record investigation, employment history and background investigation to be conducted on me. **(I understand that any information obtained during this investigation may be used as a basis for the denial of appointment or termination of employment.)**

I understand that I will specifically be ineligible for employment with the Department of Education if I have been convicted of the following crimes: certain felonies; simple battery, when the victim is a minor; contributing to the delinquency of a minor; sexual offenses; criminal attempt when the crime attempted is any of the crimes specified by this paragraph; or any other offenses committed in another jurisdiction which, if committed in this state, would be one of the crimes enumerated in this paragraph.

I understand that I am required to disclose the following information in connection with the criminal background check: **any convictions or charges by a Federal, State or other law-enforcement authority for any crime except for minor traffic offenses for less than \$35.** Information may be disclosed in the space provided below or on the back of this form. This includes, but is not limited to, any drug-related charges/convictions and any charges/convictions relating to driving while under the influence. I understand that I am also required to disclose any first offender pleas (regardless of whether the record has been expunged or charges dismissed) and pleas of nolo contendere. I further understand that if I fail to disclose such information I will be disqualified from employment. I understand that if I refuse to sign this release form, it will result in termination of the employment process.

Signature of Applicant	Date	Signature of Interviewer	Date
------------------------	------	--------------------------	------

List any convictions or charges by a Federal, State or other law-enforcement authority of **any** crime except for minor traffic offenses for less than \$35. You can use the back of this page if additional space is needed.

Charge/Conviction	Date of Charge/Conviction	Name of Court