



Baldwin County School District

Volunteer Application

Dear Potential Volunteer,

We are excited about your decision to serve as a volunteer within the Baldwin County School District. In order to process your application in a timely manner, please adhere to the steps below. This process can take up to three weeks. Therefore, please allow enough time for processing. If your application is needed earlier than that, please contact Human Resources Department and inform of the date needed. Application may be submitted via email at hrhelp@baldwin.k12.ga.us.

Steps to becoming a volunteer within the Baldwin County School District:

1. Make contact with the building principal or his/her designee to express your interest in serving as a volunteer.
2. Complete the BCSD Volunteer Information Sheet, Name-Based CHRI Inquiry Consent Form, and Attestation Form for policy JGI. Please note: all aforementioned forms are attached to this letter.
3. **What is needed?** The attached forms **and** a copy of an unexpired form of state identification (e.g. Driver's License, State-Issued Identification Card, U.S. Passport).
***Per GCIC guidelines: Name-Based CHRI Inquiry Consent Form for Georgia CHRI must include the person's full name, address, social security number, date of birth, sex, race, date, and signature.*
4. After the results of your background check are received, you will receive notification via email and the corresponding building principal will be notified. Please ensure that your email address is updated on the volunteer form.

The entire process can take up to four weeks (including the criminal background process). If you have not received a response after this time, please contact the Human Resources Department as soon as possible. We look forward to helping you become a volunteer within our school district and are excited to provide you with an opportunity to serve our children and community.

Warm regards,

Human Resources Department
Baldwin County School District

Baldwin County Human Resources

Anitra Douglas, Director • Antrice Grant, HR Assistant • Amanda Wellborn, Business Services Clerk • Heather O'Neill, Administrative Assistant
110 N ABC Street, Milledgeville, GA 31061

Phone: 478-453-4176 • Fax: 478-457-3360 • Email: hrhelp@baldwin.k12.ga.us

Volunteer Information

Full Name	
Phone Number	
Address	
Email	
Emergency Contact	Name: Relationship: Phone Number:

1. Have you volunteered with Baldwin County School District before? [] Yes or [] No
2. Have you ever been convicted of a felony? [] Yes or [] No

Where would you like to volunteer?

<u>Baldwin Success Academy</u> [] Antonio Ingram	<u>GCSU</u> [] Dr. Runee Sallad	<u>Baldwin High School</u> [] Christalyn Lewis
<u>Oak Hill Middle School</u> [] Rhonda Dixon	<u>Midway Hills Primary</u> [] Tammie Shinholster	<u>Midway Hills Academy</u> [] Rhonda Dixon
<u>Lakeview Primary</u> [] Sarah Griffin	<u>Lakeview Academy</u> [] Christi Tyson	<u>Early Learning Center</u> [] Sophie Walters

BCSD Athletics []
Dexter Ricks

How can you help?

Willing to serve where there is a need	Read with a student once a week (K-5)
Assist in the classroom	Tutor students (various subjects)
Assist in the office	Mentor students (K - 12th)
Special events and programs	Field Trips/ Field Day

Attestation

After reading the required [Board Policy JGI: Child Abuse or Neglect](#), please sign and return this page with your volunteer application. Thank you.

[Redacted]

In compliance with Georgia law, the Board adopts this policy to protect students from child abuse by requiring school employees to report allegations or evidence of suspected child abuse to the Baldwin County Department of Family and Children's Services (hereinafter referred to as DFCS). The reporting of suspected child abuse will invoke the protection of the State when needed in an effort to prevent further abuses.

All school personnel and those persons volunteering in schools are required to report suspected or alleged child abuse or neglect to appropriate school authorities as soon as reasonably possible. Any employee or volunteer who is aware of allegations of or who suspects child abuse or neglect of any student in the Baldwin County schools shall report this to the building principal (or immediate supervisor at the employee's work site) as soon as reasonably possible. Upon receipt of this information, principals or supervisors or his/her designee shall orally notify DFCS and the Superintendent, or his/her designee, immediately; but in no case later than twenty-four (24) hours from the time of the receipt of the information. The oral report shall be followed by written documentation.

When a principal, supervisor, or the designated delegate thereof receives notification of suspected child abuse, he or she shall not exercise any control, restraint, modification, or make other change to the information provided by the reporter. The principal, supervisor, or the designated delegate thereof may consult others prior to reporting the suspected child abuse and may provide any additional, relevant, and necessary information when reporting the suspected child abuse.

All system personnel who make reports of suspected child abuse or neglect in good faith are immune from any civil or criminal liability. Knowingly and willfully failing to report suspected child abuse or neglect is a misdemeanor under Georgia law.

All school personnel who have contact with students shall receive training in identification and reporting of child abuse and neglect with annual updates

[Redacted]

I attest that I have received a copy of the Baldwin County School District's policy JGI, Child Abuse or Neglect, and fully understand its contents.

Volunteer's Printed Name

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Volunteer's Signature

Date

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Agency/Company
 the purpose 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 30 days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

 Signature Date

 Attorney for Individual (Pur E and U Only) Bar Number Date

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

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

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

<input type="checkbox"/>	No Criminal Record Available
<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

NOTICE TO EMPLOYERS: *If an adverse action is made concerning employment or licensing against the person whose record was obtained: Under the law the person shall be informed that a record was obtained and the specific contents of the record and the effect the record had upon the decision. Failure to provide the information to the person subject to the adverse decision shall be a misdemeanor.*