



# *Baldwin County Board of Education*

## *Human Resources Department*

110 N. ABC STREET • MILLEDGEVILLE, GEORGIA 31061  
PHONE (478) 457-2979 FAX (478) 457-3360

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 and inform of the date needed.

### **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, criminal background check 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 your photo identification.
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**

*Baldwin County School District*

## *Volunteer Information*

|                          |                      |
|--------------------------|----------------------|
| <b>Full Name</b>         |                      |
| <b>Phone Number</b>      |                      |
| <b>Address</b>           |                      |
| <b>Email</b>             |                      |
| <b>Emergency Contact</b> | <b>Name:</b>         |
|                          | <b>Relationship:</b> |
|                          | <b>Phone Number:</b> |

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
3. Emergency contact name:
4. Emergency contact

### Where would you like to volunteer?

|   |  |  |
|---|--|--|
| <u>Baldwin Success Academy</u> [ ]<br><b>Mr. Antonio Ingram</b> | <u>GCSU</u> [ ]<br><b>Dr. Runee Sallad</b>                 | <u>Baldwin High School</u> [ ]<br><b>Andrea Herrington</b> |
| <u>Oak Hill Middle School</u> [ ]<br><b>Amber Palmer</b>        | <u>Midway Hills Primary</u> [ ]<br><b>Kemyada Pinkston</b> | <u>Midway Hills Academy</u> [ ]<br><b>Sabrina Farley</b>   |
| <u>Lakeview Primary</u> [ ]<br><b>Claire Brigner</b>            | <u>Lakeview Academy</u> [ ]<br><b>Christy Tyon</b>         | <u>Early Learning Center</u> [ ]<br><b>Mindee Adamson</b>  |

### How can you help?

|  |  |
|--|--|
| Willing to serve where there is a need | Read with a student once a week <b>(K-5)</b> |
| Assist in the classroom                | Tutor students <b>(various subjects)</b>     |
| Assist in the office                   | Mentor students <b>(6th - 12th)</b>          |
| 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

|  |  |
|--|--|
|  |  |
|--|--|

Volunteer's Signature

Date

**Name-Based Criminal History Record Information Consent/Inquiry Form**

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

|                   |             |                      |                               |
|-------------------|-------------|----------------------|-------------------------------|
| <b>Full Name:</b> |             | <b>Address:</b>      |                               |
| <b>Sex</b>        | <b>Race</b> | <b>Date of Birth</b> | <b>Social Security Number</b> |
|                   |             |                      |                               |

- This authorization is a 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



|                  |                  |                      |
|------------------|------------------|----------------------|
| Date of inquiry: | Time of inquiry: | Operator's initials: |
|------------------|------------------|----------------------|

**Non-Criminal Justice Purposes**

**W - Working with Children**

**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/GCUC Warrant<br><i>(listing agency below)</i> |

|                                  |  |
|----------------------------------|--|
| <b>Wanting agency name:</b>      |  |
| <b>Wanting agency telephone:</b> |  |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

Agency Designee Signature

Title

Date