Dear potential volunteer,

We are excited about your decision to serve as a volunteer within the Baldwin County School District! To provide appropriate training and to safeguard our students and staff, we have a few simple steps that we require our volunteers to follow.

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

1. Make contact with the building Principal or his or her designee to express your interest in serving as a volunteer. At each school level, the point of contact is the Communities In Schools Coordinator. The contact person for each location is listed on the Volunteer Information Sheet.

2. Complete the BCSD Volunteer Information Sheet, the criminal background check form and the Attestation form for Policy JGI. All forms are attached to this letter. The completed forms, along with a copy of your identification should be returned to the contact person in the school in which you plan to volunteer. If you plan to volunteer at more than one school, please return the form to one location. This process can take up to three weeks, so please allow enough time for processing. State criminal background checks are done annually.

3. After the results of the background check are returned, you will receive notification via telephone. Please be sure to include your telephone number on your volunteer information sheet and criminal background check form.

This entire process can take up to 4 weeks (including criminal background check processing). If you have not received a response after 4 weeks, please contact Judi Battle at judi.battle@baldwin.k12.ga.us or at 478-457-3314.

We look forward to helping you become a volunteer within our school district. Please let me know if you have any questions.

Sincerely,

Judi Battle  
Director of Human Resources  
Baldwin County School District

Steps to Becoming a Volunteer Rev. 09/06/2017
Baldwin County Schools

www.baldwincountyschoolsga.org

Communities In Schools  Volunteer Information For

Name:
Address:
Email: ____________________________
Phone #:  cell: ____________________________ home: ____________________________
Do you prefer: ______ mail ______ email  Do you prefer ______ cell or ______ home
Have you volunteered with us before? ______ If “yes” Where? ____________________________
Emergency contact name and number: ____________________________
Have you ever been convicted of a Felony? ______ Yes ______ No
Where would you like to volunteer? (Circle)
Ombudsman Program- Matt Wark
GCSU Early College- Jeanette Standifer
Baldwin High School- Judy Harville
Oak Hill Middle -Kemyada Pinkston
Midway Hills Primary School-Donna Folendore

Midway Hills Academy- Sabrina Farley
Lakeview Primary School- Bridget Ivey
Lakeview Academy-Christy Tyson
Early Learning Center- Martine Smith

How can you help? (Circle)
Willing to serve where needed
Assist in the classroom       Tutor students (various subjects like math, science, reading
Assist in the office         Mentor Students (6th-12th grade)
Special Events and Programs  Field Trips  Field Day (Spring)

Please attach a copy of your photo ID
Please contact Communities In Schools if you have questions
volunteerCISMBC@gmail.com or 478-452-3408.

For CIS Office use:
Criminal Background check received ________________________ By ________________
Date Principal, Supt., CIS Notified ________________________ Via ________________

Volunteer Name: _________________________________________

Date Contacted: __________ via: ____________________________
By: ________________________________

Volunteer response:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Background Check Date: _________________________________
Fingerprinted Date: _________________________________
Sex Offender Registry Date: ___________________________

CIS Orientation Date: _________________________________
Volunteer Notified: ____________________________
Site Coordinator Notified: _____________________
Updated: Ex ___ OrgSyn ___ GivePulse ___

CIS Personnel: __________________________

Organization: __________________________

Tutor: ____________________________________________
Mentor _________________________________________

Volunteer School: __________________________ Date and Time __________________________
Start Date: __________________________
Policy
Child Abuse or Neglect

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 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.

Baldwin County Schools

State Reference
O.C.G.A 15-11-0002
O.C.G.A 15-11-0134
O.C.G.A 16-06-0005.1
O.C.G.A 16-06-0009
O.C.G.A 19-07-0005
O.C.G.A 19-15-0002
O.C.G.A 20-02-1184
O.C.G.A 49-05-0041
Rule 160-4-8-.04

Description
Definitions - juvenile code
Required findings; justifying removal from the home
Sexual assault by persons with supervisory or disciplinary authority
Prostitution
Reporting child abuse
Child Abuse Protocol
Mandatory reporting of students committing certain prohibited acts
Persons and agencies permitted access to records
Child Abuse and Neglect Reporting

Date Adopted: 10/14/2014
Volunteer Will Sign, Detach and return this page

Attestation

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

Volunteer's Name (Please Print)

Volunteer's Signature

Date
BALDWIN COUNTY SHERIFF'S DEPARTMENT
BILL MASSEE, SHERIFF
P.O. BOX 830 MILLEDGEVILLE, GA 31061

BALDWIN CO BOE CRIMINAL HISTORY CHECK

COPY OF DRIVER'S LICENSES OR GA ID ARE REQUIRED FOR THIS CHECK

VOLUNTEER'S LAST NAME \hspace{3cm} FIRST NAME \hspace{3cm} INITIAL

MAILING ADDRESS

CITY \hspace{3cm} STATE \hspace{3cm} ZIP

RACE \hspace{3cm} SEX \hspace{3cm} DATE OF BIRTH

PHONE NUMBER \hspace{3cm} SS #

I AUTHORIZE THIS BACKGROUND CHECK BY THE BALDWIN COUNTY SHERIFF'S DEPARTMENT FOR VOLUNTEERING.
I AUTHORIZE BALDWIN COUNTY SCHOOLS AUTHORIZED INDIVIDUALS (JUDI BATTLE/JULIE KNIGHTON) TO PICK UP MY BACKGROUND CHECK.

SIGNATURE \hspace{3cm} DATE

NOTE: ANY PERSON VOLUNTEERING FOR OVERNIGHT SCHOOL TRIP(S) WITH THE BALDWIN COUNTY BOE MUST HAVE A FINGERPRINT BACKGROUND. INFORMATION FOR THIS PROCESS WILL BE PROVIDED BY THE BOE. THIS PROCESS MAY TAKE UP TO 3 WEEKS.
THERE IS A FEE FOR THIS SERVICE AND FINGERPRINT CHECKS ARE REQUIRED EVERY 5 YEARS, OR AT THE DISCRETION OF THE BOE.