 **Baldwin County Schools**  

Dr. Noris Price www.baldwincountyschoolsga.org Sandy Baxter

Volunteer Information

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you prefer: \_\_\_\_\_\_\_\_\_mail\_\_\_\_\_\_\_\_email \_\_\_\_\_\_\_\_\_cell\_\_\_\_\_\_\_home

Have you volunteered with Baldwin Co. BOE before?\_\_\_\_\_\_\_\_ Where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a Felony?\_\_\_\_\_\_\_\_\_\_\_\_yes \_\_\_\_\_\_\_\_no

**Where would you like to volunteer? (Circle)**

Ombudsman Program- Julio Delgado Midway Hills Academy- Sabrina Farley

GCSU-Benjamin Lewis Lakeview Primary-Sophie Walters

Baldwin High School-Andrea Herrington Lakeview Academy-Christy Tyson

Oak Hill Middle School-Amber Palmer Early Learning Center-Mindee Adamson

Midway Hills Primary-Kemyada Pinkston

**How can you help? (Circle)**

Willing to serve where needed Read with a student once a week (K-5th)

Assist in the classroom Tutor students (various subjects, math, reading, science

Assist in the office Mentor Students (6th-12th grade)

Special Event and Programs Field Trips Field Day (Spring)

**Please attach a copy of your photo ID**

**Baldwin County School District**

**Shannon Hill**  **Wes Cummings**  Board Chairman  
  **Lyn Chandler John Jackson**Vice Chairman  
   
**Dr. Noris Price Dr. Gloria Wicker**Superintendent [**www.baldwincountyschoolsga.**](http://www.baldwincountyschoolsga.)**org**

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 the elementary 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 is 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](mailto: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



**BALDWIN COUNTY SHERIFF’S DEPARTMENT**

BILL MASSEE, SHERIFF

P.O. Box 830  
 MILLEDGEVILLE, GA 31059-0830

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**CRIMINAL HISTORY CONSENT FORM FOR VOLUNTEERS FOR THE  
BALDWIN COUNTY BOARD OF EDUCATION**

**REQUIRED EVERY YEAR FOR ALL VOLUNTEERS AT BALDWIN COUNTY BOARD OF EDUCATION SCHOOLS. \*(**There is **NO CHARGE** for this background check.)

***\*\*\*A COPY OF DRIVER'S LICENSES OR GA ID MUST BE ATTACHED TO THIS FORM\*\*\****

SCHOOL NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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VOLUNTEER: (LAST NAME) (FIRST NAME) INITIAL

MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RACE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SEX\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(**REQUIRED BY SHERIFF’S DEPT.)**

**I AUTHORIZE THIS BACKGROUND CHECK BY THE BALDWIN COUNTY SHERIFF'S DEPARTMENT FOR VOLUNTEERING AT:**

**BALDWIN COUNTY SCHOOLS JUDI BATTLE/TONYA FOREMAN/DONALD TUFT  
NAME OF AGENCY/INDIVIDUAL NAME OF PERSON(S) DESIGNATED TO PICK UP RECORDS**

**110 N. ABC STREET MILLEDGEVILLE GEORGIA 31061 478-457-3309**

**MAILING/STREET ADDRESS CITY STATE ZIP PHONE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  **APPLICANT’S SIGNATURE DATE**

**\*NOTE:** ANY PERSON VOLUNTEERING FOR **OVERNIGHT SCHOOL TRIP(S)** WITH THE BALDWIN COUNTY BOARD OF EDUCATION MUST HAVE A FINGERPRINT BACKGROUND CHECK DONE WITH THE HR DEPARTMENT OF THE BOE. INFORMATION FOR THIS PROCESS WILL BE PROVIDED BY THE BOE. **A FINGERPRINT MUST BE DONE NO LATER THAN 3 WEEKS PRIOR TO OVERNIGHT SCHOOL TRIPS. THERE IS A CHARGE FOR THE FINGERPRINT**.

**Policy**

**Child Abuse or Neglect Descriptor Code: JGI**

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| 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. |  |
| |  |  | | --- | --- | |  |  | |  | | |  |  | |  |
|  |  |
| *Volunteer,*  *Please sign, detach and return this page*  *Attestation*    *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* | |
| |  |  | | --- | --- | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | |  | | --- | |  | |