BIBB COUNTY SCHOOL DISTRICT

Volunteer / Chaperone Application and Information Packet:

All volunteers and chaperones who will be interacting with students are required to complete a Bibb County School District Volunteer Application. All applications should be submitted to the school principal or designee. Parents visiting their child's classroom or having lunch with their child are not required to have a background check. An application packet consists of the following documents:

- Volunteer Application,
- Volunteer Informed Consent Release and Hold Harmless Agreement; and a
- Criminal History Record Information Consent/Inquiry Form.

All volunteers are required to submit to a Background check.

Local Background Checks

Volunteers wishing to assist in the classroom or chaperone an in-state field trip are required to submit to a local background check. This type of volunteer is best defined as anyone assisting at the school for more than 30 minutes at a time. Individuals who wish to have lunch with a student are not required to have a background check.

Local background checks are processed in the Human Resources Department and **access the criminal history in the State of Georgia only**. To undergo a local background check, parents/volunteers must submit a completed **Criminal Background Check Authorization form** and a **"Consent Release & Hold Harmless Agreement"** form. These forms are included in the application packet and can be obtained from the school or BCSD website. The completed forms must be turned in to the school in which they wish to volunteer along with a valid ID.

FYI: Local Background Checks take about a week to process. We ask that the school turn the Background Check and Consent Release forms along with the valid ID to the Human Resources Department ***at least two weeks prior to the field trip.***

Fingerprint Background Checks

It is mandatory that all parents/volunteers wishing to chaperone an overnight field trip be **fingerprinted** by the Human Resources Department. There is no charge for this service. Required forms are in the HR Department; the volunteer must bring a valid photo ID to be fingerprinted.

FYI: After the parent/volunteer is fingerprinted it takes 24 to 48 hours to get the results. Once approved, volunteers are eligible to chaperone overnight field trips for the current school year.

All school rules apply on school sponsored field trips. Teachers, chaperones and volunteers are expected to comply with school policies, follow the directions given by the organizing teacher, work cooperatively with staff members, and model appropriate behavior for students. The volunteers/chaperones will follow the trip plan developed by the organizing teacher.

Volunteers and Chaperones include anyone providing supervision while actively interacting with students, or anyone having responsibility of students of Bibb County Schools. The period of supervision also includes activities outside the normal school day such as field trips, athletic events, etc.

Requirements of volunteers/chaperones before they can interact with students:

A. Watch the Department of Education (DOE) Mandated Reporter Power Point. https://drive.google.com/file/d/0B0tU3xbN2SoUSlNzM3FGeTRwSEE/view

B. Consent to local background check. Principal will be notified if an issue is identified on the background check.

C. Sign the volunteer statement indicating the PowerPoint has been viewed and that the school protocol and mandated reporting law is understood.

D. Show a photo ID before performing all volunteer activities.

If you have any questions regarding the volunteer and chaperone process, you may contact the school or Human Resources at 478-765-8571.

Note: *The entire Volunteer/Chaperone packet must be completed, signed, dated, received by the school principal and approved by the system before the volunteer activity begins. This packet will be valid for the current school year. A new packet will be required for each subsequent school year. Thank you for your cooperation in this matter of mutual concern.*

Organization: _____ **School:** _____

VOLUNTEER APPLICATION
2019-2020 ACADEMIC YEAR

Name _____
Last First Middle Maiden Suffix

Address _____ City _____ State _____

Phone Numbers (Home) _____ (Cell) _____ (Work) _____

Email _____

Employer / If Student, School & Grade _____

Emergency Contact _____ Relationship _____

Medical Conditions we may need to know about _____

Children enrolled in Bibb County Schools:

School _____ Grade _____ Teacher _____

Student Name _____

School _____ Grade _____ Teacher _____

Student Name _____

COVER SHEET REMAINS AT THE SCHOOL / ORGANIZATION FOR YOUR USE

Organization: _____ School: _____

VOLUNTEER INFORMED CONSENT RELEASE AND HOLD HARMLESS AGREEMENT

2019-2020 Academic Year

I, _____ in consideration of participation as a volunteer for the Bibb County School District at_____ (school) hereby waive, hold harmless and release the Bibb County School District, its employees and agents for any claims, damages or injuries arising out of or in connection with or resulting from my participation in such activities.

I understand that such activities may subject volunteers to various dangers or risks of personal injury, or even a fatality, as well as other injuries or damages. These risks and dangers have been considered by me, and I voluntarily choose to participate and assume all such dangers and risks.

I understand, acknowledge and agree that as a volunteer, I am not covered by workers' compensation insurance or provided thereunder. I also understand that I have agreed freely and without pressure or coercion to volunteer my services to the Bibb County School District. As a volunteer, I am not entitled to any compensation and am not subject to the Fair Labor Standards Act.

This release is intended to discharge the Bibb County School District, its agents, representatives and employees from and against all liability arising out of, or connected in any way with, my participation in these voluntary activities even though that liability may arise out of the negligence or carelessness on the part of the Bibb County School District and/or persons mentioned above.

Date: _____ _____

{Volunteer Participant's Signature}

Date: _____ _____

{Witness's Signature}

CC: Volunteer Coordinator
Principal / Facility / CIS / HR

Bibb County School District

484 Mulberry Street
Macon, Georgia 31201
(478) 765-8560

CRIMINAL HISTORY RECORD INFORMATION CONSENT/INQUIRY FORM

I hereby give consent for the Bibb County School District to conduct an inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

Full Name (Print):			**Maiden:**
Address:			
Sex	**Race**	**Date of Birth**	**Social Security Number**

☐ This authorization is valid for **90 180 270 (circle one)** days from date of signature.

☐ I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

☐ Have you ever been arrested or convicted of ANY crime?

_____ _____

Signature **Date**

Date of Inquiry: _____ Time of Inquiry: _____ □ AM □ PM Operator's Initials: _____

Purpose of Background check; (check one)

	Employment-Non-Criminal Justice (E) - Provide *Georgia* Criminal History Record Information
	Employment with Mentally Disabled (M) - Provide *Georgia* Criminal History Record Information
	Employment with Elder Care (N) - Provide *Georgia* Criminal History Record Information
	Employment with Children (W) - Provide *Georgia* Criminal History Record Information
	Public Record (P) - Provide *Georgia Felony Convictions* Only

Purpose Code Used: (check one)

	NO Georgia CHRI results available.
	Georgia CHRI attached/released.

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

	NO NCIC/GCIC Warrant results available.
	Possible NCIC/GCIC Warrant- Contact Agency listed below.
Wanting Agency Name:	
Agency Phone Number:	

_____ _____

Agency Designee Signature and Title **Date**

BIBB COUNTY SCHOOL DISTRICT

Volunteer Statement
2019-2020

1. I have watched a Mandated Training Power Point provided by Bibb County Schools.

2. I understand that it is law that I report immediately any suspected abuse. Reports are made to a school administrator or counselor as this is Bibb County Schools policy. I understand it is a crime if I do not report suspected abuse.

3. If a school official is not available, Georgia law requires that I make an oral report of suspected child abuse immediately to the Department of Family and Children Services (DFCS), law enforcement, or a district attorney within 24 hours.

4. If I suspect a child is in immediate danger, I shall call 911 immediately.

5. I understand when I make a report or cause a report to be made, mandated reporters only need to have "reasonable suspicions", no direct evidence.

6. I understand it is against the law for any mandated reporter to notify the parent that a referral has been made. It is the policy of DFACS that Child Protective Services notify the parent upon investigation. **Do not contact the parent or guardian**.

7. I will not conduct an investigation, and I will not question a child for any reason.

8. **I will keep all matters confidential.** This is a legal requirement.

9. By causing a report to be made to a child welfare agency or by participating in any judicial proceeding, I understand that I am immune from any civil or criminal liability, provided that I am acting with good intentions.

_____ _____

Volunteer Signature ***Date***

_____

School/Location(s)

****THIS FORM SHOULD BE RETAINED AT THE SCHOOL***