Baldwin County Schools

Volunteer Application and Information Packet

Thank you for your interest in volunteering with the Baldwin County School District ("BCSD"). Volunteers help support the District's Vision and Mission.

Background clearances

All volunteers must undergo the background process in accordance with IFCD-R (1), School Volunteers. No exceptions!

Background clearance **is not** required for activities available to parents and guardians. Such activities include visiting a student's classroom as permitted by the school administration; attending teacher or staff conferences concerning their student; attending or participating in school programs (e.g., concerts, performances, or award days) for their student; or having lunch with their student as allowed by the school administration.

Volunteers wishing to assist in the classroom, with clubs, sports, extracurricular activities, or to chaperone an in-state/day field trip are required to submit to a local background check. Other examples include, but are not limited to: individuals who read to students in a classroom, classroom helpers, in-class tutors, and school fair volunteers.

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

1. The first step is to contact the building principal/director or his/her designee to express your interest in serving as a volunteer. The Principal/Director will confirm with you that volunteers are needed at their location.

2. Next, complete the BCSD Volunteer Information Sheet, Attestation Form for policy JGI, Volunteer Release and Waiver of Liability form, Volunteer Statement, and Background Clearance Consent Form. Please note: all aforementioned forms are attached to this letter.

3. ***What is needed?***
   - Contact HR at **478-453-4176 (option 0)** to make an appointment for fingerprinting. Fingerprinting services are conducted on Tuesdays and Thursdays.
   - The attached completed forms
   - Fingerprinting and background clearance fee: **$45.00**
   - Make payment payable to Baldwin County School District
   - Acceptable forms of payment: **Money Order or Cashier's Check**
   - An unexpired form of identification (e.g., Driver's License, State-Issued Identification Card, U.S. Passport) **must be presented at the appointment**
   - Keep the Privacy Right and Statement for your records

4. After the results of your background check are received, you will receive notification via email, and the corresponding building principal/director will be notified. Please ensure that your email address is updated on the volunteer form.

The background clearance process may take up to two weeks to complete. Volunteer applicants should plan to submit their Background Clearance and Consent Release forms at least two weeks in advance of a scheduled volunteer activity, such as a field trip. Once approved, volunteers are eligible for the current school year.

Field Trip Volunteers

All school rules apply to school-sponsored field trips. Teachers 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 will follow the trip plan developed by the organizing teacher.

Additional requirements of volunteers before they can interact with students:

- Watch any required videos
- Consent to appropriate background clearance
- Sign the volunteer statement protocol and the Attestation form for mandated reporting
- Sign in and out at the school office or front desk of the department in accordance with Board Policy KM
  Abide by any school procedures or other volunteer protocol established by the administration
- Show a photo ID before performing all volunteer activities

If you have any questions regarding the volunteer process, you may contact Human Resources at 478-453-4176.

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

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 abuse.

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 before 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 the 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

Volunteer Release and Waiver of Liability

This Volunteer Release and Waiver of Liability (the "release") executed on _____(date) by_____("Volunteer") releases the Baldwin County School District, ("BCSD"), a political subdivision organized and under the Georgia Constitution and each of its Board members, officers, administrators, employees, and agents. The Volunteer desires to provide volunteer services for BCSD and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with BCSD is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that BCSD will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to BCSD.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless BCSD and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to BCSD. I understand and acknowledge that this Release discharges BCSD from any liability or claim that I may have against BCSD with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to BCSD or occurring while I am providing volunteer services.

2. Insurance: Further I understand that BCSD does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of BCSD beyond what may be offered freely by BCSD in the event of injury or medical expenses incurred by me. I understand I am not entitled to workers' compensation as a volunteer.

3. Medical Treatment: I hereby Release and forever discharge BCSD from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with BCSD.

4. Assumption of Risk: I understand that the services I provide to BCSD may include activities that may be hazardous to me or potentially dangerous activities. I understand I may be exposed to contagious illnesses. As a volunteer, I hereby expressly assume risk of injury, harm, or exposure to contagious illnesses from these activities and Release BCSD from all liability for any said injury, harm, or exposure.

5. Photographic Release: I grant and convey to BCSD all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by BCSD in connection with my providing volunteer services to BCSD.

6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

_____ _____

Volunteer Signature (Or parent/guardian if volunteer under 18) **Date**

Volunteer Statement

As a volunteer, I will do the following when volunteering for the Baldwin County School District ("BCSD").

- Act in the best interest of all students;
- Maintain professional relationships with students, parents, staff members, community members and other volunteers;
- Observe local, state and federal laws, policies, rules, and regulations;
- Support and advance cooperation between the school and the community;
- Act within the scope of my volunteer assignment;
- Refrain from interfering with operations at the school or department where I volunteer;
- Refrain from using the school and volunteer privileges to promote partisan politics, sectarian religious views, commercial goods or services, or propaganda of any kind;
- Safeguard and respect all school property and equipment;
- Uphold and support BCSD policies and procedures;
- Exhibit a positive standard of professional conduct at all times, including, but not limited to, displaying appropriate behavior, language, and attire;
- Notify school administration or the Director of Human Resources if I am arrested, indicted, or charged with a crime;
- Notify school administration or the Director of Human Resources if I am subject to a Temporary Restraining Order ("TRO") limiting my access to an employee or student in a school or department where I volunteer;
- Comply with the Mandatory Reporting requirements for suspected child abuse under O.C.G.A. § 19-7-5; and
- Watch any required videos and comply with the same.

I further understand that if I do not comply with the above, my volunteer privileges may be denied, modified, or revoked in accordance with IFCD-R (1), School Volunteers.

Volunteer Signature:_____ Date: _____

School/Location where volunteering: _____

This form should remain at Human Resources.

Baldwin County Schools

Volunteer Background Clearance Consent Form

For Office Use Only:
Appointment Date:

Applicant Name: _____
LAST NAME FIRST NAME MIDDLE INITIAL MAIDEN NAME (*if applicable*)

Current Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Email Address:** _____

Date of Birth: _____ **Place of Birth:** _____ **Race:** _____

Social Security Number: _____ **Gender:** Female Male **Eye Color:** _____

Natural Hair Color: _____ **Height:** _____ **Weight:** _____

Ethnicity: Are you Hispanic? ☐ Yes ☐ No

Volunteer Location: (Select all that apply)

☐ Baldwin High School ☐ Baldwin Athletics ☐ Baldwin Success Academy

☐ Early Learning Center ☐ Georgia College Early College ☐ Lakeview Academy

☐ Lakeview Primary ☐ Midway Hills Elementary ☐ Oakhill Middle School

Volunteer Services:

☐ Assist in the Classroom ☐ Assist in the Office ☐ Assist with Coaching

☐ Field Trip/Field Day ☐ Mentor Students ☐ Read with a Student

☐ Special Events/Programs

☐ Other: _____

_____***(Initials) I acknowledge that I have received a copy of the Privacy Rights and a copy of the Privacy Act Statement prior to completing a Background Clearance (Page 8).***

Statement of Consent:

I, _____

LAST NAME FIRST NAME MIDDLE INITIAL MAIDEN NAME (*if applicable)*

have applied to volunteer within the Baldwin County School District (BCSD). This form provides consent to conduct fingerprinting and a background records check by the BCSD. I also authorize the release of such information to the BCSD now and at any time during my volunteering, and release, discharge, and waive any and all claims, which may arise against me for the release of accurate information.

I authorize BCSD to receive any or driver's history records information pertaining to me, which may be on file in any state or local justice agency. I further give consent to have my fingerprints taken as part of the volunteering process and perform periodic history Background Clearances for the duration of my volunteering or affiliation with the BCSD. Fingerprinting for volunteering as required by O.C.G.A. § 20-2-211.1 is a requirement and will be administered by the BCSD.

I understand that the Georgia Information Center (GCIC), BCSD employees, nor any other agency or employees of the State of Georgia shall be responsible for the accuracy of information nor have any liability for defamation, invasion of privacy, negligence or any other claim in connection with any dissemination of information pursuant to this fingerprinting and background record check and shall be immune from suit based upon any such claims.

Applicant's Signature: _____ **Date:** _____

Background Clearance Statement of Personal Affirmation:

Check the appropriate box for each question. Include only events after the age of 16 years old. If you answer "**YES**" to any question, an explanation and supporting documentation – including any final court disposition documents – may be requested. Documents MUST be submitted within five (5) business days of the request. All responses must be completely truthful. BCSD Staff completing recertification and/or renewals must verify the accuracy of each question and make any necessary updates to initial/prior records on file. Falsification of this document may result in termination or disqualification of me volunteering.

1. Have you resigned or been discharged from any position, including the armed forces, while under suspicion of having engaged in, immoral, or unprofessional conduct, or are you now under investigation for any such charge?
   ☐ Yes ☐ No

2. Have you been convicted of a felony or misdemeanor, or pled nolo contendere or first offender, or are you now under investigation for any offense, other than a minor traffic offense?
   ☐ Yes ☐ No

3. For the purpose of this form "Driving Under the Influence" (DUI) [of alcohol or other drugs] and "Driving While Impaired" (DWI) offenses must be reported. Please respond accurately even if you have been advised that there will be no charge on your record. Have you ever been charged with a DUI/DWI?
   ☐ Yes ☐ No

4. Have you ever surrendered a license/permit; or had one denied, revoked, or suspended; or is any investigation or adverse action now pending against you?
   ☐ Yes ☐ No

If you answered "Yes" to any questions above, please explain: _____

_____

_____

Knowing that false statements made on this form may constitute grounds for disciplinary action and may constitute grounds for legal action, I affirm that, to the best of my knowledge, all information is true and correct. I hereby give permission to the BCSD to obtain copies of any and personnel records relating to me, including records which may have been sealed or expunged, which are held by any local, state, or federal government agency or private entity, and authorize any such agency or entity to release those records to the BCSD.

PRINT NAME: _____

LAST NAME FIRST NAME MIDDLE INITIAL

SIGNATURE: _____ Date: _____

Baldwin County Schools

Privacy Rights and Act Statement

Please keep this page for you records

PRIVACY RIGHTS

As an applicant who is the subject of a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for volunteering), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or retained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny your volunteer application based on the information in the FBI criminal history record.

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity history-summary-checks and https://www.edo.cjis.gov. You may find information regarding how to obtain a copy of your Georgia criminal history record on the GBI website: https://gbi.georgia.gov/services/obtaining-criminal-history-recordinformation-frequently-asked questions.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at https://gbi.georgia.gov/services/obtaining-criminal-history-record-information frequently-asked questions.

You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as volunteering, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket

Routine Uses: Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, volunteering and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.