

Lowndes County Schools Volunteer Procedures:

Definition of a Volunteer:

Volunteer – Anyone providing supervision while actively interacting with students, or anyone having responsibility for students of Lowndes County Schools (LCS). The period of supervision also includes activities outside the normal school day such as field trips, athletic events, etc. **Volunteer access to campus is still to be determined based on COVID guidance. Instructional volunteers are not being approved at this time. Extracurricular volunteers are being approved on a limited, case by case basis and are subject to Lowndes County Schools COVID guidance and screening requirements.**

Requirements of volunteers before they are allowed to interact with students:

- A. Watch the DOE Mandated Reporter PowerPoint (PPT). (Find on “For Families” tab on LCS website) https://cdns5-ss19.sharpschool.com/UserFiles/Servers/Server_111657/File/For%20Families/2019-2020/Child%20Abuse%20Prevention%20Powerpoint%20Presentation.pdf
- B. Read the protection information at the CDC link provided and watch the accompanying videos on stopping the spread of germs and handwashing at the bottom of the page. [CDC Guidance](#)
- C. 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 PPT has been viewed and that the school protocol and mandated reporting law is understood.

Identification of volunteers after completing the requirements:

- A. Volunteers will show a photo id before performing volunteer activities.
- B. Schools will designate a certified staff member to maintain the signed statements.

If you have any questions regarding the volunteer and chaperone process you can email brittanycurtis@lowndes.k12.ga.us

NOTE: This Volunteer’s Statement, Background Check, and Personal Affirmation 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.

Statement Requiring Volunteer Signature:

**Lowndes County Schools Volunteer Statement
2023-2024**

After receiving training, I confirm the following:

- 1. I have watched a Mandated Training PPT provided by LCS and reviewed the CDC guidance provided above.
- 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 LCS policy. I understand it is a crime if I do not report suspected abuse.
- 3. I understand when I make a report or cause a report to be made, mandated reporters only need to have “reasonable suspicions” not direct evidence.
- 4. 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.
- 5. I will not conduct an investigation, and will not interrogate a child for any reason.
- 6. **I will keep all matters confidential.** This is a legal mandate as well as something I would demand if the situation involved my family. These children deserve the same privacy.

Volunteer Signature: _____

School: _____

Date: _____

School Designee Signature: _____

Date: _____

Volunteer’s Personal Affirmation

Volunteer’s Name: _____
Please Print Last Name, First Name and Middle Initial

Address: _____

Contact Information: _____
Home/Cellular Work

Email address

Instructions: The Volunteer must enter a “Yes” or “No” response to each of the following questions. All questions must have a response (please circle your response) in order for the volunteer process to continue. **Please attach an explanation for any “YES” response.**

1. **YES NO** Are you the subject of a pending investigation involving a criminal act?
2. **YES NO** Are you currently the subject of an investigation involving sexual misconduct or physical harm to a child?
3. **YES NO** For any misdemeanor and/or felony criminal offense, have you ever:
 - Pled guilty;
 - Entered a plea of nolo contendere;
 - Entered an Alford plea;
 - Been found guilty;
 - Pled guilty to a lesser offense;
 - Been granted first offender treatment without adjudication of guilt;
 - Participated in a pre-trial diversion program;
 - Been found not guilty by reason of insanity; or
 - Been placed under a court order whereby an adjudication or sentence was withheld?
4. **YES NO** Have you ever been convicted, or pled to a lesser offense for any sexual offense?
5. **YES NO** Have you been convicted of a drug offense (felony or misdemeanor)?
6. **YES NO** Have you been convicted of a crime of violence (felony or misdemeanor)?

***IF YES TO ANY ABOVE QUESTIONS, A WRITTEN EXPLANATION MUST BE ATTACHED**

AFFIRMATION

I affirm that my responses are true and correct. I hereby give permission to Lowndes County Schools to obtain copies of any criminal records relating to me which are held by any local, state, or federal government agency. I authorize any such agency or entity to release those records to Lowndes County Schools.

Signature: _____ **Date:** _____

NOTE: This Volunteer’s Personal Affirmation must be completed, signed, dated, received by the school principal and approved by the system before volunteer activity begins. This Volunteer’s Personal Affirmation will be valid for the current school year. A new Volunteer’s Personal Affirmation will be required for each subsequent school year. Thank you for your cooperation.

Lowndes County Sheriff's Office Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize Lowndes County Schools-HR to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information pertaining to me as authorized by state and federal law.

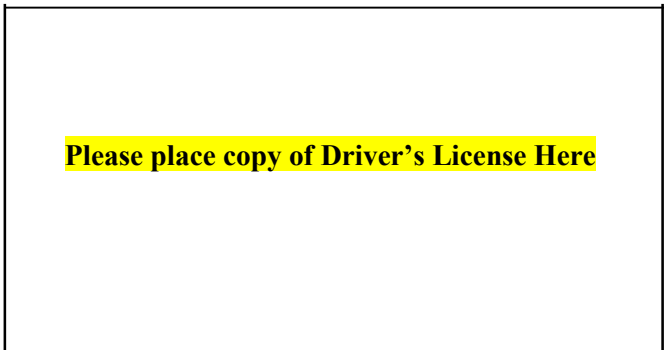
Full Name (print) _____

Address _____ Street _____ City _____ State _____ Zip Code _____

Sex _____ Race _____ Height _____ Weight _____ Eyes _____ Hair _____ Date of Birth _____ SSN (optional) _____ Phone # _____

Identification

- This authorization is valid for 90 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 _____

Attorney for Individual _____ Bar Number _____ Date _____
(Purpose Code E & U Only)

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
	E - Employment
	M - Working with Mentally Disabled
	N - Working with Elderly
<input checked="" type="checkbox"/>	W - Working with Children
	P - Public Records (no consent required)
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
	V - Personal Copy
CRIMINAL JUSTICE EMPLOYMENT	
	J - Civilian Criminal Justice Employment (State & Ill Info Received)
	Z - Sworn Criminal Justice Employment (State and Ill Info Received)

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

	No Criminal Record Available
	Criminal Record (Attached/Released)
	No NCIC/GCIC Warrant
	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Notary Public, _____ County, GA

My commission expires _____.

Wanting Agency Name: _____

Signature

Wanting Agency Telephone: _____

Agency Designee Signature and Title
Lowndes County Sheriff's Office

TCN: _____
Investigator Badge#: _____