

## **Lowndes County Schools Volunteer Procedures:**

### **Definition of a Volunteer:**

Volunteer – Anyone providing supervision while actively interacting with students, or anyone having responsibility of 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.

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

- A. Watch the DOE Mandated Reporter Power Point (PPT).
  - Visit the Lowndes County Schools Website
  - Click on “For Families”
  - Find “Volunteer Mandated Reporter Training”
  - <https://drive.google.com/file/d/0B0tU3xbN2SoUSINzM3FGeTRwSEE/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 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 [brittanymcfarland@lowndes.k12.ga.us](mailto:brittanymcfarland@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.***

Please return form with a copy of your driver’s license.

**Statement Requiring Volunteer Signature:**

**Lowndes County Schools Volunteer Statement  
2019-2020**

After receiving training, I confirm the following:

1. I have watched a Mandated Training PPT provided by LCS.
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: \_\_\_\_\_

Please return form with a copy of your driver’s license.

**Lowndes County Sheriff's Office  
Criminal History Search  
Consent Form**

*I hereby authorize the **Lowndes County Board of Education** to receive any Georgia criminal history record information pertaining to me, which may be in the files of any state or local Criminal Justice Agency in Georgia. Results may be released to Geneasha McFarland, Brittany McFarland, Sharen Watkins, & Teresa Carter, Lowndes County Schools – Human Resources Department.*

\_\_\_\_\_  
Full Name – Printed

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Number

**Special Employment provisions (check if applicable):**

- Employment with mentally disabled (Purpose Code 'M')
- Employment with elder care (Purpose Code 'N')
- Employment with children (Purpose Code 'W')

Notary Public, Lowndes County, GA

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Signature

Please return form with a copy of your driver's license.

**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:** \_\_\_\_\_

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Please return form with a copy of your driver’s license.