

CONFIDENTIAL

Welcome and thank you for your interest in volunteering with Butts County Schools!
In an effort to keep our schools safe, we ask that all volunteers complete an application and go through an approval process. Please return the completed application to the school where you would like to volunteer. Please allow up to two weeks for your application to be processed.
You may contact the school to verify approval after this time frame.

Date _____**Name** _____
(Last) (First) (MI)**Phone** _____ **Email** _____**Address** _____
(Street) (City & State) (Zip Code)**Social Security Number** _____ **Date of Birth:** _____**In Case of Emergency contact:** _____
(Name) (Relationship to you) (Phone)**Reason for Volunteering (check all that apply):**☐ Classroom Help☐ School Fundraiser☐ Field Trip (day trip only)☐ Media Center☐ Mentor☐ Other: _____**Are you a relative of a child in Butts County Schools?** ☐ **YES** ☐ **NO**Relationship to student(s): ☐ Parent ☐ Step-Parent ☐ Legal Guardian ☐ Grandparent ☐ Other: _____

Student Name: _____

Grade: _____

School: _____

Student Name: _____

Grade: _____

School: _____

Student Name: _____

Grade: _____

School: _____

OFFICIAL USE ONLY**School Name:** _____ Application _____ Copy Valid ID _____ Consent for Background Check _____

Notes: _____

Principal Signature of Approval: _____ Date: _____

Human Resources: _____ Application _____ CBC _____ CSI _____ Volunteer List _____

Notes: _____

NOTE: This section must be complete or your application to volunteer may not be approved

Reminder, you must disclose criminal information. Have you ever been:

- ☐ YES ☐ NO Arrested, convicted, pled guilty, or pled nolo contendere for a criminal offense, other than a minor traffic violation?
- ☐ YES ☐ NO Arrested for a drug or sexual related offense or act of violence?
- ☐ YES ☐ NO Reported for child abuse / sexual activities involving a student or minor or had charges filed against you by a school district, state / county agency, police or court?

If "Yes," please explain the type(s) of offense(s), location(s) and date(s) in the space below. Attach a sheet if necessary.

Note: Any applicant on an active "Wanted List" or any registered sex offender WILL NOT BE ALLOWED TO VOLUNTEER WITH BUTTS COUNTY SCHOOLS.

VOLUNTEER COMMITMENT AND PROCEDURES
READ THE FOLLOWING CAREFULLY BEFORE SIGNING AND DATING THIS APPLICATION

For the safety of students, all prospective volunteers will be asked to complete a School Volunteer Application and provide a copy of photo I.D. All prospective volunteers will be given a "Criminal Records Check". Additionally, the school system, in its discretion and without a statement of reason, may require a complete criminal history check (federal and state) on any volunteer at any time. All fingerprinting must be authorized.

Confidentiality: What you hear and observe about students, families, and staff while volunteering in school is **confidential**. Repeating a seemingly harmless comment can lead to misunderstandings and hurt feelings. For schools to provide the best environment for learning, everyone's privacy must be respected.

Supervision: Volunteers perform under the direction and supervision of school personnel. Volunteers should know and follow school policies and rules. The District, in its discretion and without a statement of reasons, may suspend any volunteer from further volunteer activities pending any background check. No statement by the District establishes a property right to perform volunteer work.

Communication: If you are unable to make it to school when you are expected, please call the school and leave a message. Similarly, school staff will contact you if your time is cancelled or changed for any unforeseen reason.

Student / Volunteer relationship: Volunteers function in a position of trust and Butts County Schools does not extend that volunteer / student trust relationship outside of the supervised school environment. It is the responsibility of the volunteer to notify the site administrator immediately if he/she becomes involved with a student / family outside the Butts County Schools environment.

Mandated Reporting:

Georgia state law considers school volunteers mandated reporters and under this law will have to report suspected child abuse. Mandated reporters are required by law to make a report if the reporter has reasonable cause to believe that abuse has occurred. All school volunteers who suspect that a child is being abused should contact the building level principal immediately. The principal will instruct the volunteer to fill out the DFACS Confidential Referral Form, and will consult with the school social worker. The principal or school social worker will make the call into DFACS (See Volunteer Handbook).

I affirm that I have read and understand all the information on this application and that all the information I have provided in this application is true and complete to the best of my knowledge. I understand that Butts County Schools reserve the right to verify all information on this application form and that any false statements or failures to disclose information may be sufficient to disqualify me as a volunteer. I hereby authorize Butts County Schools to obtain information relating to my current and / or previous employment, education, and personal history records. I understand that I am offering my services to the Butts County School System without compensation of any kind.

(Volunteer Signature)

(Date)

VOLUNTEER, PLEASE PRINT NAME HERE: _____

**BUTTS COUNTY SCHOOLS**

181 North Mulberry Street

Jackson, Georgia 30233

<http://www.butts.k12.ga.us>

Telephone (770) 504-2300

Fax (770) 504-2305

Consent for Criminal Background Check*Georgia Bureau of Investigation/Georgia Crime Information Center*Position applied for: VOLUNTEER*Please print all information:*

I, _____, Social Security Number _____,
hereby authorize the Butts 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. I give consent to the Butts County Board of Education to perform periodic criminal history background checks for the duration of my employment with this company.

CURRENT ADDRESS (*Not P.O. Box*): _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE: _____

CITY/STATE/ZIP: _____ PHONE #: _____

MAIDEN NAME: _____ PLACE OF BIRTH: _____

DRIVER'S LICENSE #: _____ DATE OF BIRTH: _____

RACE: _____ GENDER: _____ HEIGHT: _____ WEIGHT: _____

APPLICANT'S SIGNATURE _____	DATE: _____
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FOR BUTTS COUNTY SHERIFFS OFFICE USE:******Purpose Code "W" requested: Employment with Children******

Criminal History Check Date: _____

By (signature): _____

_____ No criminal record was found for this applicant

_____ Criminal record was found for this applicant (see attached)

FOR BCSS USE:

REVIEW DATE/NOTES: _____