



Return all Volunteer Applications
And
Background Checks
Directly
To:

Peach County Schools
Human Resources Department
1088 Tulip Drive
Fort Valley, GA 31030



PROCEDURES FOR SCHOOL VOLUNTEERS

1. All school volunteers, with the exception of visitors and one-time volunteers must complete a volunteer application packet with the district Human Resources Department. The application packet shall include the following:
 - Volunteer Application
 - Volunteer Confidentiality and Discrimination Statement
 - Criminal Background Check (no fee)
2. The Human Resources Department will send an approved list of volunteers to the parent coordinator and the principal of each school.
 - The volunteer application, Volunteer Confidentiality and Discrimination Statement, and Criminal Background Check shall be retained in the Human Resources Department.
 - Volunteer application packets (including criminal background checks) must be renewed each year.
4. Visitors and one-time volunteers do not need to complete an application UNLESS they accompany students off campus (field trips).
 - One-time volunteers and visitors who remain under the direct supervision of teachers and staff while at school DO NOT need to complete the application packet. These volunteers should not be left alone with or have unsupervised contact with individual or groups of students. (Examples: grandparent visiting a classroom, test proctor, guest speaker, parent working with book fair)
 - Any volunteers accompanying students off campus MUST complete a volunteer application packet, including a criminal background check.
5. All volunteers, including one-time volunteers and visitors must:
 - Sign in and out at their school/site location
 - Wear identification badges during their volunteer activity or experience
 - Acknowledge that “relationships developed with children at school need to remain at school” and that, for their own protection, “volunteers should never be left alone with a child that is out of view of school personnel or another adult volunteer.”
6. Specific questions concerning these procedures should be directed to the Director of Administrative Affairs.



VOLUNTEER APPLICATION

Volunteer Name _____ Home Phone _____

Address _____ Work Phone _____

City, State, ZIP _____ Cell Phone _____

Please list all students, teachers and schools where you plan to volunteer. Include student last name if different than your own. A copy of this application will be sent to each school indicated below.

Student Name	Teacher	School

Name of person to contact in event of an emergency _____
 Relationship to you _____ Daytime Telephone Number _____

Name of regular physician _____ Phone Number _____
 Please describe special medical conditions (allergies, etc.) or special accommodations you have:

Availability: Please write in your preferred hours and days below:

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Placement Information: The following information will allow us to match your expertise, interests, and skills with staff requests for volunteers. It will also assist us in recognizing your volunteer efforts.

Location preference _____ Grade Level(s) Preferred _____

Please indicate below (√) which category(s) you prefer as a volunteer:

- Classroom volunteer – subject preferred _____
 Special events Mentor Special Education
 Office Support Media Center English Second Language
 Lunchroom Enrichment Activities
 Other _____

I wish to serve on a school committee (specify if known) _____

Bilingual: Yes _____ No _____ Language(s) _____



VOLUNTEER CONFIDENTIALITY AND DISCRIMINATION STATEMENT

I understand that information regarding students, families, staff, and the organization may be confidential in nature and that as a volunteer for the Peach County Public Schools I will:

- Respect the confidential nature of any verbal or written communication I receive regarding students, families, staff, and the organization.
- Keep personal information confidential at school and after I leave school.
- Be discreet in any verbal communication by not discussing students, staff, or families in front of others.
- Immediately report directly to the principal or site administrator any information disclosed to me concerning a child's safety.
- Make reasonable efforts to assure that each student is protected from harassment or discrimination.
- Not harass nor discriminate against any student, staff member or volunteer on the basis of race, color, religion, sex, age, national or ethnic origin, political beliefs, marital status, handicapping condition, sexual orientation, or social and family background.

I also understand that relationships developed with children at school should remain at school and that for the protection of both the student, staff and volunteer, volunteers should not be left alone with a child that is out of view of school personnel or another adult volunteer.

Volunteers are also reminded that permission to communicate with a student outside of the regular school day must be granted by the student's parent/guardian; Peach County Schools cannot and will not grant this permission.

Volunteer Signature _____ Date _____



PEACH COUNTY BOARD OF EDUCATION
VOLUNTEER CONSENT FORM

I hereby authorize the Peach 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 have applied for employment with the Peach County School District. I understand that in the event. I am offered a classified position, I will have criminal records check in accordance with the Official Code of Georgia Annotated (O.C.G.A.) 20-2-211(e)

I understand that the information obtained from my criminal records check will be used by the school district in acting on my application for employment.

I agree and consent for such criminal records check and investigation to be conducted by the school district. In consideration of the school district's consideration and action upon my employment application, I hereby release, remise and waive any claims, suits or actions which I now have or may hereinafter have against the school district, its officials, representatives, agents employees and servants (hereinafter collectively referred to as "the School District) arising out of the aforesaid criminal records check and the use of any information obtained there from, specifically including any claims or actions which I may have for libel, slander, defamation of character, invasion of privacy, intentional infliction of emotional distress, negligence and similar claims. I further agree to hold harmless the School district from and against any such claims as described aforesaid and will defend the School District from and against any such suits arising from same and pay all cost such suits including attorney's fees.

*Board policy GAK requires new employees of the school district to submit to a criminal record check for the purpose of determining whether such person has ever been convicted of a crime or has a criminal record. **Please complete the Consent Form and take it along with two forms of identification to the (Fort Valley Police or Sheriff Department) or the (Byron Police Department).** This form is part of your application. Your application will not be considered until the Peach County Board of Education receives a Criminal Record Check from one of the above law enforcement agencies.*

Full Name _____

Address _____

Sex____ Race_____ Date of Birth _____

Social Security Number _____

This authorization is valid for 90/180 (circle one) days from date of signature

Signature _____ Date _____

Special Employment Provisions

____ Employment with children (Purpose code "W") will be used on all Peach County Board of Education applicants due to the direct or indirect contact with children

Revised October 2014