

Volunteer Instructions – Required Steps Before You Begin

To begin volunteering, you must complete the following requirements:

1. Mandated Reporter Training

- Mandated Reporting Training Instructions are included
- After the training, **download and print your Certificate of Completion.**

2. Background Check

- Complete all highlighted parts on the background check and send a clear copy of your valid driver's license

3. Volunteer Documentation

- **Sign the Volunteer Mandated Reporting Statement.**
- **Sign the Confidentiality Agreement.**

Please ensure **all steps are completed before your first day of volunteering.** All completed forms can be emailed to Sdooley@odysseycharterschool.net or returned to your child's teacher.



Mandated Reporting Instructions

ALL Volunteers **MUST** complete the mandated reporting course on Pro Solutions. It is the annual Child Abuse and Neglect training mandated by the state.

If you did this last year, you already have an account with Pro Solutions and can use the same user name and password. If you forgot what it was, there is info on their website in order to find it.

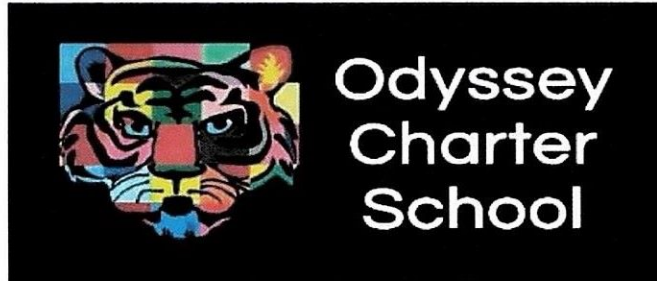
1. Go to www.prosolutionstraining.com
2. If you did it last year, click on Log In
3. If you are new, click on Get Started
 - a. Fill in all necessary information
 - b. Check the box that says Agree to terms
 - c. Click submit
4. If you had an account log in and it would take you to the registration page.
5. Under courses, click View Course Menu
6. Scroll down to Child Abuse and Neglect
7. Choose the first course: Child Abuse and Neglect for Employees, Volunteers, and Contractors of Public Schools
8. Click on Add to Cart (there is no charge, and it will say \$0)
9. Go up and click on the cart icon
10. Click Purchase now
11. Click on complete order
12. Click on My Training Account
13. Click on Start Course

This should take you to the course. It is approximately 45 – 60 minutes. At the end of the course, a short test is administered. You can stop and start in the course as needed, but during the test, you must complete it all at one time. Once the test is completed, please print out the certificate and return it with the volunteer packet.

This must be completed before you are allowed to volunteer. If you have questions or concerns, please let me know.

Thank you,

Stacy Dooley – Human Resource Manager



Volunteer Mandated Reporting Statement

As a volunteer with **Odyssey Charter School**, and having completed the required **mandated reporter training**, I acknowledge and agree to the following:

1. I understand that my role as a volunteer involves interacting with students and school personnel in ways that may expose me to situations involving potential abuse, neglect, or other serious concerns affecting a child's well-being.
2. I recognize that while I may not be a mandated reporter under Georgia law by definition, Odyssey Charter School **requires all volunteers** who have taken mandated reporting training to act in accordance with its policies and procedures.
3. I agree that:
 - If I observe or learn about any situation that raises concern for a child's safety, welfare, or well-being,
 - I will **immediately report that concern** to my child's teacher. If the teacher isn't available, I will then report it to an administrator.
4. I understand that I **should not investigate, question the child, or confront any party involved**. My responsibility is limited to reporting the concern to the appropriate school staff member.
5. I understand that:
 - My cooperation and confidentiality are essential to protecting students and respecting legal reporting procedures.

Acknowledgment

I have read and understood this document. I agree to follow Odyssey Charter School's reporting procedures and report any concerns to the guidance counselor.

Name of Student: _____

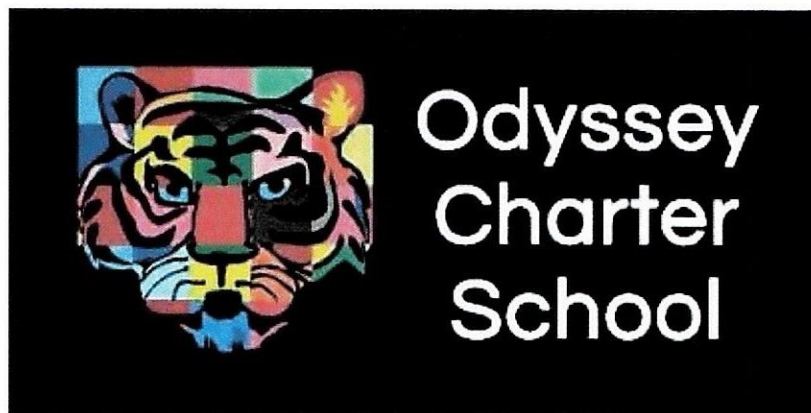
Name of Student's Teacher: _____

Name of Volunteer: _____

Volunteer Signature: _____

Date: ___ / ___ / _____

Principal: Scot Hooper _____



Volunteer Confidentiality Form

As a volunteer of Community Education Association, Inc., dba Odyssey Charter School, I understand that some of the information I learn through my volunteering with the school concerns scholars' educational and/or medical records. I acknowledge the fact that these records may be protected under the regulations that govern educational records, Family Educational Rights and Privacy Act (FERPA), and health records, Health Insurance Portability and Accountability Act (HIPAA).

I agree not to disclose any legally protected scholar information to other volunteers who do not have a legitimate educational or medical reason for receiving this information, Odyssey scholars, family members of Odyssey scholars, or members of the public at large.

Such information may include, but is not limited to, grades, assessment scores, disciplinary history, medical history (including diseases, conditions, diagnoses, treatments, and medications), and placement in specific programs (such as special education).

I understand that failure to adhere to these provisions may result in disciplinary measures, up to and including suspension from volunteering and participation in school activities.

Name of Student: _____

Name of Student's Teacher: _____

Name of Volunteer: _____

Signature of Volunteer: _____

Date: _____

Name-Based Criminal History Record Information (CHRI) Consent/Inquiry Form

I hereby authorize Odyssey Charter School / Stacy Dooley to conduct an inquiry for
Recipient's Name and Business Name (if applicable)
 the purpose below and receive any Georgia and/or national CHRI as authorized by state and federal law.

Full Name (print)			
Alias, Maiden, or other named used			
Address			
Sex:	Race:	Date of Birth:	SSN:

- This authorization is valid for _____ 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
Notary that verified information	Date Seal
Attorney for Individual (Purpose Code E and U Only)	Bar Number Date

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

Purpose Code Used (check one): Note: Only one inquiry may be performed per consent form.

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E Employment
<input type="checkbox"/>	M Employment direct care with Mentally Ill/Developmentally Disabled
<input type="checkbox"/>	N Employment direct care with Elderly
<input checked="" type="checkbox"/>	W Employment direct care with Children
<input type="checkbox"/>	P Public Record (no consent required)
<input type="checkbox"/>	F Probate Court/Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U Personal Copy (stamp return "personal copy")
CRIMINAL JUSTICE EMPLOYMENT	
<input type="checkbox"/>	J Civilian Criminal Justice Employment (state and III data received)
<input type="checkbox"/>	Z Sworn Criminal Justice Employment (state and III data received)

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

<input type="checkbox"/>	No criminal history available
<input type="checkbox"/>	Criminal history available (attached/released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (list Wanting agency below)
<input type="checkbox"/>	Wanting Agency Name:
<input type="checkbox"/>	Wanting Agency Telephone:

Agency Designee Signature and Title