

2021-2022

APS Volunteer Form

3105-F Volunteer Service Form

The Board of Education recognizes and appreciates the generosity and support it receives from volunteers.

Volunteer Information

Name: _____ (“Volunteer”)

Address: _____

Phone Number: _____ Date of Birth: _____

Email: _____

Names of children attending the District, if any: _____

Male__ Female __ Race: White__ Black__ Asian/Pacific Islander__ American Indian/Alaskan Native _____

Volunteer must provide a valid form of photo identification (e.g., driver’s license, passport, or state issued identification card). I.D. Verified by _____ (initials)

Have you previously volunteered for the District? Yes No

Have you previously been denied the opportunity to volunteer for the District? Yes No

Are you a registered sex offender? Yes No

Have you been convicted of a felony? Yes No

If yes, please describe the offense(s), date(s), and location(s):

Are you the subject of a current criminal or child protective services investigation or do you have pending criminal charges against you? Yes No

If yes, please describe the investigation or charges:

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Requested Volunteer Position

Title/Description: _____

School Contact _____

Terms & Conditions

Volunteer agrees to indemnify, defend, and hold harmless the District, its officers, employees, agents, board members, students, and guests from all claims, damages, and liabilities, including attorneys' fees, in any manner arising out of Volunteer's volunteer services. Volunteer is responsible for all injuries or damages to persons or property caused by Volunteer.

If the District approves this request, Volunteer certifies that when serving in the volunteer position he or she will: (i) perform as a volunteer and not as a District employee; (ii) comply with all federal, state, and local laws, rules, and regulations; (iii) maintain student confidentiality; (iv) not use or be under the influence of illegal drugs or alcohol; (v) not put yourself in a one-on-one situation with a student; (vi) be prompt and consistent; (vii) will not smoke on school grounds; (viii) will not use the internet inappropriately, (ix) and will notify school staff immediately if any student has an accident while you are working with them.

Volunteer acknowledges that volunteering for the District is a privilege, not a right. The District's Superintendent or designee may reject a person's request or terminate a Volunteer's assignment at any time for any reason that is not unlawful. Volunteer confirms that, to the best of his or her knowledge, the information provided within this form is true, complete, and accurate. **I have read and will comply with the above statements. I give Adrian Public Schools permission to complete a criminal history background check with the Michigan State Police.**

Volunteer Signature: _____

Date: _____

For Internal Use		
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Date: _____
Signature of Superintendent or Designee: _____		