

# Volunteer Consent Form

Date: \_\_\_\_\_

Please fully fill out one (1) of these forms each school year. If you have children in multiple grades please only fill out ONE form and return it. Also make sure you PRINT LEGIBLY.

Almont Community Schools  
4701 Howland Rd.  
Almont, MI 48003

As a prospective volunteer of Almont Community Schools I understand that it is the school's policy to secure criminal conviction history information as part of their volunteer screening process using the information provided below:

## FIRST VOLUNTEER

NAME \_\_\_\_\_

Maiden Name/Name Previously used \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

## SECOND VOLUNTEER

NAME \_\_\_\_\_

Maiden Name/Name Previously used \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

**\*\*for more than 2 volunteers please include information on back of form.**

I UNDERSTAND THAT THE ABOVE INFORMATION IS REQUIRED BY THE CENTRAL RECORDS DIVISION OF THE MICHIGAN STATE POLICE, LANSING MI. I AUTHORIZE ALMONT COMMUNITY SCHOOLS TO UTILIZE THE ABOVE INFORMATION FOR THE SOLE PURPOSE OF OBTAINING A CONVICTION ONLY CRIMINAL HISTORY FILE SEARCH.

\_\_\_\_\_  
Signature of Volunteer #1                      Date                      Signature of Volunteer #2                      Date

Student's Name: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade in Fall: \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Relationship to Student \_\_\_\_\_

\*add additional students to back of form

Specific event chaperoning (if applicable): \_\_\_\_\_

Event

Date of Event

Please be advised:

- All volunteers are to abide by Board policies and District guidelines while on duty as a volunteer
- While serving as a volunteer you are covered under the District's liability policy but the District cannot provide any type of health insurance to cover illness or accident, nor are volunteers eligible for workers compensation
- By signing this form you are releasing the District of any obligation should you become ill or receive an injury as a result of his/her volunteer services.

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