## Hillman Community Schools School Volunteer Records Check

Except as required by law, information provided will be held confidential.

In order to ensure the protection of children in the care of Hillman Community Schools, school policy requires, prior to any and all persons providing a volunteer service at the school or for any function conducted by the school; all potential volunteers complete a State of Michigan background check. The background check is a name check only, through the Stat of Michigan ICHAT system, and is based on individual identifiers. Any applicant declining to complete a "Volunteer Records Check" acknowledgment form will not be considered.

Persons convicted of or pleading guilty to drug offenses within the past seven years; sexual offenses; offenses against minors; deadly weapon offenses; violent, abusive, threatening, or harassment offenses; or any felony offense shall not be used as volunteers.

This requirement to conduct a criminal background check for volunteers is covered by District Policy 4120.09, Volunteers. \*Non-Employment Background Checks Only\*

Please print or type the information clearly.

| First Name   |                                       | Middle Int.    | Last Name |
|--|---------------------------------------|----------------|-----------|
| Sex: Race:   |                                       | Date of Birth: |           |
| Eye Color:   | Hair Color:                           |                | Height:   |
| Maiden and/or Alias Name(s):                       |                                       |                |           |
| Street Address / P. O. Box: Cit  Telephone Number: | , , , , , , , , , , , , , , , , , , , |                |           |
| Home   | Work                                  |                | Mobile    |
| Email Address:                                     |                                       |                |           |
| Child's Name (if parent/guard                      | lian):                                |                |           |
| School Where Volunteering:                         |                                       | !              | Teacher:  |

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Volunteer's Name:

| Program (if applicable):  |
|---|
| Have you ever volunteered for Hillman Community Schools before? Yes No  |
| Have you ever pled guilty, or been convicted of a felony in a state or federal court? Yes No  |
| Date and state offense/conviction occurred:  If yes, provide a detailed description of the conviction:  |
| Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court?  Yes No  Date and state offense/misdemeanor occurred:  If yes, provide a detailed description of the misdemeanor:  |
| Are you the subject of a current criminal investigation or have pending charges against you?  Yes No  Date and state the investigation is ongoing:  If yes, provide a detailed description of the investigation or pending charges:   |
| I agree to immediately notify the school principal if I am convicted of or plead guilty to any drug offense; sexual offense; offense against minors; deadly weapon offense; violent abusive, threatening, or harassment offense; or any felony offense.  Volunteer Signature  Please return completed form to Hillman Community Schools. Please contact the District Office with any questions or concerns at 989-742-2908. |
| OFFICE USE ONLY   |
| Approved Denied Date Approved/Denied Staff  |

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## **VOLUNTEER RELEASE FORM**

| I have offered my services as a volunteer to help the School District in the following areas:   |  |  |  |  |  |
|---|--|--|--|--|--|
|   |  |  |  |  |  |
| I agree to abide by all relevant Board policies and administrative guidelines while on duty for the District. I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medica charges that may accrue. I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services. For the protection of the children in the school, the District is required by law to inquire of its staff members whether or not they have ever been convicted of a crime related to children. We would appreciate your cooperation by indicating that you have never been convicted of any of the following offenses: aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, aggravated menacing, abuse or neglect of a child, kidnapping, abduction, child stealing, criminal child enticement, rape, sexual battery, corruption of a minor, gross sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually-oriented matter involving a minor, illegal use of a minor in nudity-oriented material or performance, endangering children, contributing to the delinquency of children, carrying concealed weapons, improperly discharging a firearm at or into a school or house, corrupting another with drugs, placing harmful objects in or adulterating food or confection. |  |  |  |  |  |
| Volunteer Signature   |  |  |  |  |  |
| District Witness  |  |  |  |  |  |

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Date