EAU CLAIRE PUBLIC SCHOOLS

CONFIDENTIAL VOLUNTEER CONSENT FORM



THIS MUST BE COMPLETED ANNUALLY

The Eau Claire Public Schools recognizes that certain programs and activities can be enhanced through the use of volunteers. The District greatly appreciates your time and effort in assisting with the operation of the schools.

For the protection of all children in our schools, the District requires any volunteer who works with or has access to students to be screened through the *ICHAT* and the *Sex Offenders Registry (SOR)* **prior** to participation in any District program or activity. Individuals convicted of crimes listed in the Sex Offender Registry Act, M.C.L.A. 28.722, as well as those persons convicted of felonies less than **seven** years old, shall **not** be allowed to volunteer in the schools or in the District. All other applications will be reviewed on a case-by-case basis. Accordingly, please provide the following information:

PLEASE PRINT: AN INTERNET BACKGROUND CHECK WILL BE PERFORMED FOR EACH VOLUNTEER COMPLETING A FORM

Last Name:			First Name:		Middle Name:						
Street, City, State & Zip:											
Phone/Cell Number:				6	Gender: □ Male □ Female						
Race:	□ White	□ Black	☐ Asian/Pacific Islander	□Ar	merican Indian/Alaskan Nativ	e 🖵 Unknown/Other					
*Maiden Name/Names Previously Used:					*Date of Birth:						
*MI Driver License #:				* <mark>*\$</mark>	S Number:						
Please list your children/grandchildren that attend Eau Claire Public Schools, or list the building you wish to volunteer in:											
Name _			Gr	ade	Building						
Name _			Gr	ade	Building						
Name _			Gr	ade	Building						
*\/alus	toor Durnoso	(In what ca	nacity will you be valunteeri	ng for [Fau Claira Rublic School V						
Voluli	teer Purpose	(III WIIat Ca	pacity will you be volunteer	iig ioi i	eau Claire Public Scriool.j						
Name _ Name _			Gr	ade ade	Building						

In signing this form, I understand and agree that:

I have offered my services as a volunteer to help the School District. Lunderstand that if I am arrested or incur pending charges, I will notify Eau Claire Public Schools - Business Office within 48 hours. I understand that the Central Records Division of the Michigan State Police, Lansing, Michigan, requires the above information. I agree to abide by all relevant Board policies and administrative guidelines while volunteering 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 medical 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. I understand that the District has the authority to conduct an annual background of volunteers. I authorize Eau Claire Public Schools to utilize the information for the sole purpose of obtaining a conviction-only criminal history file search. All responses will be kept confidential with Eau Claire Public Schools.

If I have been convicted of a 'listed offense' under the Michigan Sexual Offenders Registration Act, I will <u>not</u> be allowed to volunteer for the District.

AND

Intil the criminal history report is received and reviewed by the District, I will not be eligible to volunteer for the District.
Any information secured through this process is held in the strictest confidence and will need to be approved each school
vear.

Email Address:

Date

RETURN FORM TO: Eau Claire Public Schools Business Office, 6190 West Main Street, Eau Claire, Michigan 49111

Signature

Telephone (269)461-6947 Fax (269)461-0089

Want to complete this form online? Scan the QR code below:



OFFICE USE ONLY								
Criminal Record	Check completed Or	lline by:	Date:					
Restrictio Volunteer	ns: • No Driving	☐ No Handling Money	☐ May Volunteer w/Restrictions	☐ May Not				
Reason for restrictions/denial:								