

EAU CLAIRE PUBLIC SCHOOLS

CONFIDENTIAL VOLUNTEER CONSENT FORM

YOU DO NOT NEED TO COMPLETE FORM FOR EACH CHILD / PLEASE SUBMIT ONLY ONE TIME



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 *Background Investigation Bureau (BIB)* 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: _____

Race: White Black Asian/Pacific Islander American Indian/Alaskan Native Unknown/Other

Gender: Male Female Sex: Male or Female Phone/Cell Number: _____

*Maiden Name/Names Previously Used: _____ *Date of Birth: _____

*MI Driver License #: _____ *SS Number: _____

Please list your children/grandchildren that attend Eau Claire Public Schools, or list the building you wish to volunteer in:

Name _____ Grade _____ Building _____

Name _____ Grade _____ Building _____

Name _____ Grade _____ Building _____

*Volunteer Purpose (In what capacity will you be volunteering for Eau Claire Public School.): _____

I understand the Central Records Division of the Michigan State Police, Lansing, Michigan, requires the above information. 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.

Volunteer's Signature

Date



Over, Please

OFFICE USE ONLY

Criminal Record Check completed Online by: _____ Date: _____

Restrictions: No Driving No Handling Money May Not Volunteer

Database Updated Restriction Letter Sent

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CONVICTION DISCLOSURE FORM

I represent that:

PLEASE CHECK ALL THAT APPLY (**Being Honest is Important**)

- I have NEVER been convicted of, or pled guilty or nolo contendere (no contest) to any crime(s).
- I have been convicted of, or pled guilty or nolo contendere (no contest) to the following crime(s):

_____	_____	_____
Offense	Date of Conviction	State and Court
_____	_____	_____
Offense	Date of Conviction	State and Court
_____	_____	_____
Offense	Date of Conviction	State and Court
_____	_____	_____

- I currently have felony or misdemeanor charges pending against me.

_____	_____
Nature of Pending Charges	State and Court

In signing this form, I understand and agree that:

I have offered my services as a volunteer to help the School District. I understand 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 above information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan. 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.

AND

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

AND

Until 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 year.

Signature

Date

Email Address: _____

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

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