



FIELD TRIP CHAPERONE AND VOLUNTEER CONSENT FORM
2018-2019

** PLEASE COMPLETE THIS FORM ONLY IF YOU PLAN TO VOLUNTEER – MICHIGAN RESIDENTS ONLY**

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

The Board of Education 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 Internet sites for the Sex Offenders Registry (SOR), the Internet Criminal History Access Tool (ICHAT) criminal history records check, and the Offender Tracking Information System (OTIS) 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 Date of Birth _____ Phone Number: _____

Maiden Name/Names Previously Used: _____

MI Driver License #: **(Leave blank if you will not be driving students other than your own)** _____

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

Name _____ Grade _____ Building _____

Name _____ Grade _____ Building _____

Name _____ Grade _____ Building _____

Name _____ Grade _____ Building _____

I understand the Central Records Division of the Michigan State Police, Lansing, Michigan, requires the above information. I authorize **Lakeshore 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 Lakeshore Public Schools.

Volunteer's Signature _____

Date _____

This form is valid for 2018-2019 school year only.



Over, Please

OFFICE USE ONLY

Criminal Record Check completed On-line 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
Offense	Date of Conviction	State and Court

I currently have felony or misdemeanor charges pending against me.

Nature of Pending Charges	State and Court
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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 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.

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