

SOUTH REDFORD SCHOOL DISTRICT

26141 Schoolcraft

Redford, MI 48239

313-535-4000

VOLUNTEER REGISTRATION FORM

Building: _____ **Teacher** _____ **School Year** 2018-19 **Student name:** _____

Relation to student: _____

THIS FORM MUST BE COMPLETED BEFORE YOU SERVE AS A VOLUNTEER FOR THE SOUTH REDFORD SCHOOL DISTRICT. PLEASE TAKE THE TIME TO COMPLETE THE FORM ACCURATELY AND THOROUGHLY. The completed form must be submitted to your building at least 5 business day prior to a school's event or field trip to allow for processing. ***A copy of your driver's license or state issued ID, picturing both the front and back, MUST BE ATTACHED.** We will gladly assist you in our school's office with the copying of your ID to complete the volunteer process.

Name _____						
Last		First		Initial		
Mailing Address _____						
Number		Street		Apt.	City	State Zip
Birth date _____		Gender: M _____ F _____	Ethnicity _____ (White, Black/African American, Hispanic, Other)			
Phone (evenings) _____			(days) _____	Best time to call _____		
Occupation _____				Driver's License Number _____		
Employer Name of Employer _____						
Address _____						
Number		Street		City	State	Zip
Emergency Contact _____						
Name		Relationship		Phone (days)	Phone (evenings)	
1. Do you use illegal drugs?		Yes _____ No _____				
2. Have you ever been convicted of a criminal offense?		Yes _____ No _____				
3. Have you ever received convictions of neglect, abuse or assault?		Yes _____ No _____				
4. Has your driver's license ever been suspended or revoked in any state?		Yes _____ No _____				
If yes to any of the above, please explain: _____						
List two (2) references (non-family members):						
<u>Name</u>		<u>Relationship</u>		<u>Address</u>	<u>Phone No.</u>	
1) _____						
2) _____						

PLEASE READ BEFORE SIGNING:

I understand that:

- The information I have provided may be verified, and I authorize the South Redford School District to make inquiry of others concerning my suitability to act as a School District volunteer and to conduct a criminal history search on me through the Department of State Police.
- In the course of volunteering for the South Redford School District I may be dealing with confidential information, and I agree to keep said information in strictest confidence.
- In volunteering for the South Redford School District I will abide by all of the District's Board Approved bylaws and policies. Including, not possessing, storing, making, or using a weapon in any setting that is under the control and supervision of the Board for the purpose of school activities approved and authorized by the Board.
- The relationship between the South Redford School District and volunteers is an "at will" arrangement and may be terminated at any time without cause and for any or no reason by either the volunteer or South Redford School District.

If there are any changes in the above information, I will inform the South Redford School District. I affirm that all of the foregoing statements are true and accurate.

Signature

Date