

26400 Arsenal ♦ Center Line, MI 48015 ♦ (586) 510-2000

Please type or print clearly in **ink** and **attached a copy of your driver's license** for verification.

<b>Volunteer Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
<b>Street Address</b>	<b>City/State</b>	<b>Zip Code</b>
<b>Phone</b>	<b>Birthdate (Month/Day/Year)</b>	<b>Male:</b> <input type="checkbox"/>
<b>Physician Name</b>	<b>Physician Phone</b>	<b>Female:</b> <input type="checkbox"/>
<b>Emergency Adult Contact</b>	<b>Emergency Contact Phone</b>	

What is your relationship to the student?

- Parent     
  Sibling     
  Grandparent  
 Other (please specify): \_\_\_\_\_

Is this the first year you have completed this form?

- Yes**       **No**

Are you now or have you ever been a school volunteer?

- Yes**       **No**

- If **Yes**, check all schools that apply:
- Crothers     
  Peck     
  Rising Stars     
  Roose  
 Wolfe     
  CLHS     
  ECC/CLP

Number of total years volunteered (at any school): \_\_\_\_\_

Please provide names of any child(ren) or ward(s) attending CLPS schools this year and the teacher(s)' name(s):

Student Name(s)	Teacher(s)

Student Name(s)	Teacher(s)

**Criminal Conviction Information:**

Are you a child sex offender?  **Yes**     **No**      Have you ever been convicted of a felony?  **Yes**     **No**

Are you willing to consent to a criminal background investigation?\*  **Yes**     **No**

*\*You may need to be fingerprinted depending on your level of volunteering.*

\_\_\_\_\_  
**Signature of Volunteer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Reviewed by**

\_\_\_\_\_  
**Date**

Volunteer was given a copy of Board policy on \_\_\_\_\_

**For School Use Only**

**General description of assignment(s):**

- Supervising students as needed by a teacher
- Supervising students during a regularly scheduled activity
- Assisting with academic programs
- Assisting at the resource center or main office
- Chaperone for school field trips or social events for students
- Other: \_\_\_\_\_

Name of supervising staff member: \_\_\_\_\_

"Sex Offender List" checked by: \_\_\_\_\_ on \_\_\_\_\_

Is a criminal background check necessary? (To be answered by the principal.)  **Yes**  **No**

Will the individual be working over a long period of time in direct contact with students?  **Yes**  **No**

Will the individual be working over a long period of time in direct contact with students where no staff member is continuously present?  **Yes**  **No**

Will the individual be working in other situations where a check would be prudent?  **Yes**  **No**

If "Yes" to any of the above and provided the individual authorized the check, please provide...

The date on which the check was requested: \_\_\_\_\_

The date on which the check was received and reviewed: \_\_\_\_\_