

FOWLerville COMMUNITY SCHOOLS VOLUNTEER APPLICATION

FORM MUST BE COMPLETED AND SIGNED IN INK

PLEASE PRINT

Legal Name: Last _____ First _____ MI _____

Prior/Maiden Names or Aliases: _____

Date of Birth _____ Gender _____
(MM/DD/YYYY) M F

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ MI Driver's License #: _____

Ethnicity: ___ Amer. Indian ___ Asian/Pacific ___ Black ___ White ___ Other

Required by the State

Description of Volunteer/Chaperone Work: _____

Building/Department: _____

History Information:

1. Have you ever pled guilty, or been convicted of a felony in a state or federal court?

Yes No

Date and state offense/conviction occurred: _____

If yes, provide a detailed description of the conviction: _____

2. Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court?

Yes No

Date and state offense/misdemeanor occurred: _____

If yes, provide a detailed description of the conviction: _____

3. Are you the subject of a current criminal investigation or have pending charges against you?

Yes No

Date and state the investigation that is ongoing: _____

If yes, provide a detailed description of the conviction: _____

In order to ensure the protection of children in the care of Fowlerville Community Schools and as a condition of volunteering, I hereby grant permission to Fowlerville Community Schools to secure conviction Criminal history information by using the Internet Criminal History Access Tool, Public Sex Offender Registry and the Offender Tracking Information System, as well as Criminal History Record Information if necessary. I understand and agree that if called upon, my volunteerism is conditional upon District review of the background check returned. The determination will be based upon the individual's fitness to have responsibility for the safety and wellbeing of children. Providing false information, or information contradicting to the background check information, is grounds for immediate volunteer denial.

By affixing your signature to this form you acknowledge your statements are to be true and give full consent to complete the requested background check.

Applicant Signature

Date

Approved Denied Date _____ Complete by: _____

VOLUNTEERS & CHAPERONES

Fowlerville Community Schools encourages volunteerism in the schools. A very positive benefit when working with students is the relationship developed between the volunteer and student. We take seriously the relationships that are formed. For this reason, and to safeguard our students, the district has strict guidelines for those working with our children. Your signature on the Volunteer/Chaperone form is required and indicates that you understand and agree to our Fowlerville School District policies. Failure to abide by our policy will result in exclusion from supervisory school activities.

The General Guidelines Are:

1. Do not physically touch a child (kick, hit, pull hair, take arm firmly, paddle, etc.)
2. Do not verbally or emotionally harm a child. Do not yell, swear or use language that is in poor taste.
3. As a chaperone, classroom helper, assistant to a coach, and an adult, you are a role model for all children at Fowlerville School District. Therefore, dress and manner should be in keeping with that role.
4. Drinking alcohol and smoking are strictly forbidden when on school property or in a supervisory role.
5. Never be alone with a child. This is for your own protection! Children can often misconstrue what was said or done.
6. All discipline problems should be referred immediately to the classroom teacher, coach or administrator.
7. Parents serving as chaperones are not allowed to bring siblings or other children.
8. Please direct any questions to classroom teacher, coach, or administrator.

 Volunteer's Signature _____ Date _____

Teacher's Name _____ Date _____


VOLUNTEER RELEASE FORM

I have offered my services as a volunteer to help Fowlerville Community Schools in the following areas:


I agree to abide by all relevant Board policies and administrative guidelines while on duty 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.

For the protection of the children in the school, the District is required by law to inquire of its staff members whether or not they have ever been convicted of a crime related to children. We would appreciate your cooperation by indicating that you have never been convicted of any of the following offenses: *aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, aggravated menacing, abuse or neglect of a child, kidnapping, abduction, child stealing, criminal child enticement, rape, sexual battery, corruption of a minor, gross promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually-orientated matter involving a minor, illegal use of a minor in nudity-orientated material or performance, endangering children, contributing to the delinquency of children, carrying concealed weapons, improperly discharging a firearm at or into a school or house, corrupting another with drugs, placing harmful objects in or adulterating food or confection.*

 _____
Volunteer Signature

Date

 _____
Witness

Date

*****REQUIRED*****

******Application without a witness signature will be returned to the appropriate building******

**Pages 1, 2 & 3 should be sent to Gail Smith at Central Office.
Pages 4 & 5 are for the applicant.**

Fowlerville Community Schools do not discriminate on the basis of race, color, national origin, religion, sex, age, height, weight, marital status, sexual orientation, gender identity or expression, genetic information, veteran status or disability in its programs and activities

CRIMINAL BACKGROUND CHECK INFORMATION FOR POTENTIAL VOLUNTEERS

Fowlerville Community Schools recognize the valuable services that volunteers contribute to students and staff. At the same time, the safety and well being of District students is paramount. Therefore, criminal record background checks are required of all designated volunteers.

Who is a designated volunteer?

A designated volunteer is an individual who is directly involved with and/or interacts with students. Examples: chaperones (field trips, overnight activities, etc.), classroom helpers (classroom aide, tutor, mentor, reader, etc.), activity supervisors, coaches, team parents, or any role designated by the administration.

Who is not a designated volunteer?

Any individual who is not directly involved with and/or does not interact with students is not considered to be a designated volunteer. Examples: guest speakers and adult guests who attend special classroom activities (seasonal parties, grandparent day, etc.) or large group activities (assemblies, concerts, plays, fairs, activity nights etc.).

Do I need to be a designated volunteer to have lunch/playground with my child?

Yes. However, an administrator may allow a parent a single visit if they agree to complete a designated volunteer form and are supervised by school staff.

How do I register as a volunteer?

Contact your child's school and request a Volunteer Application Form.

Why are volunteers required to have a criminal background check?

School Board Policy 4120.09 requires that school volunteers have a criminal background check performed.

What are some of the criteria used in determining the suitability of a volunteer?

1. Has the volunteer ever been convicted of a sex-related crime?
2. Has the volunteer ever been convicted of a crime involving drugs or alcoholic beverages?
3. Has the volunteer ever been convicted of a crime involving violence, abuse, or the threat of violence?
4. Has the volunteer ever been convicted of a crime related to contributing to the delinquency of a minor?
5. Has the volunteer ever been convicted of any crime other than a minor traffic violation?
6. Is the District aware of any past criminal/inappropriate behavior on the part of the volunteer that may pose a threat to the integrity or safety of the school?
7. When did the crime or offense occur?

What happens when a criminal offense is discovered?

The individual will be given the opportunity to verify the accuracy of the report and provide relevant information related to any offense. Convictions will be considered on a case by case basis.

How long will it take to complete the criminal background check?

Fowlerville Community Schools receives approximately 600 volunteer request forms each fall. Forms will be processed as quickly as possible. It is recommended that you submit your form at the beginning of the school year.

Who will see the results of my criminal background check?

Human Resources, the Assistant Superintendent and/or the Superintendent are the only individuals who will see your results.

When will I be able to begin my volunteer service?

You can begin as soon as your criminal background check is completed and your name is placed on the Approved Volunteer List. Once assigned, volunteers are required to report any arrests or criminal charges to the assistant superintendent within 5 days of the incident.

How often does the District require completion of a volunteer application?

Annually.

If you have any questions related to the volunteer policy you should contact the Human Resources Director at Central Office (517)223-6018.