



“Our actions will inspire and equip students to excel.”



Mason County Central Schools Volunteer Information and Consent Form

One form needs to be completed by a volunteer each school year in which s/he is volunteering. Please print clearly in ink.

In order to ensure the protection of children in the care of Mason County Central Schools, school policy requires, prior to any and all persons providing a volunteer service at the school or for any function conducted by the school; all potential volunteers complete a State of Michigan I-CHAT (non-fingerprint) background check. Any applicant declining to complete a “Volunteer Background Check” acknowledgment form will not be considered. Mason County Central Schools reserves the right to “approve” or “deny” any volunteer service upon 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.

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PERSONAL INFORMATION:

Name _____
First Middle Last Phone

Previous, married and/or maiden names _____
First Middle Last

Address _____
Street City Zip Code

Date of Birth _____ Gender ____F ____M
mm/dd/yyyy

Race/Ethnicity: ____White ____Black ____Am. Indian or Alaskan Native ____Asian/Pacific Islander ____Unknown/Other
Please provide a copy of your valid driver’s license or state ID for verification purposes.

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EMERGENCY INFORMATION:

Personal physician _____ Phone _____

Emergency adult contact _____ Phone _____ Relationship _____

Medical Information (allergies, medications or conditions we may need to be aware of) _____

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Requesting to volunteer at (check all that apply):

Scottville Elem. ____ Middle School ____ Victory Early Childhood ____
Upper Elem ____ High School ____ Athletics (indicate sport) _____

Other (please list) _____

Are you now or have you ever been a school volunteer? ____ Yes ____ No

If yes, at which school? _____ Year? _____

Do you have a child or ward attending this school? ____ Yes ____ No

If yes, the name of the child: _____

Criminal Conviction Information

Are you a child sex offender or have you ever been convicted of, or entered a nolo contendere plea, to any felony or any crime involving children? ____ Yes ____ No

If you answered YES, list all offenses.

<i>Offense</i>	<i>Date</i>	<i>Place</i>
_____	_____	_____
_____	_____	_____

If requested, are you willing to consent to a criminal background investigation (Fingerprint)? ____ YES ____ NO

In some situations a volunteer may be required to have a fingerprint report completed, at the expense of the volunteer, using the district-provided form. The report will be maintained for the duration of the volunteers’ continuous service to the District. rev 05/2018



Confidentiality Statement

Mason County Central Schools observes strict confidentiality of identities and personal educational matters of children and families attending our schools. It is understood that a volunteer in a school setting may gain knowledge of students that is of a private and/or confidential nature, including but not limited to discipline, academics and health issues. Volunteers are expected to maintain confidentiality of such information and discuss it only with school staff as it applies to their volunteer assignment. Under no circumstances should information be shared with other adults or children.

Waiver of Liability

The School District does not provide liability insurance coverage to non-District personnel serving as volunteers for the School District. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the School District and to document the volunteer’s acknowledgment that they are providing volunteer service at their own risk.

1. You acknowledge that the School District does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer’s unpaid service to the School District.
2. You agree to assume all risk for death or any loss, injury, illness or damage of any nature or kind, arising out of the volunteer’s supervised or unsupervised service to the School District, agree to waive any and all claims against the School District, or its officers, Board Members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of the volunteer’s supervised or unsupervised service to the School District.

By affixing your signature to this form you acknowledge your statements are to be true, agree to the confidentiality statement and Waiver of Liability, and give full consent to complete the requested background check

Written Signature of Volunteer _____ Date _____

Printed Name of Volunteer _____ Email Address _____

For School Use Only (to be completed by supervising staff member, reviewed by administrator)

Name of supervising staff member: _____

General description of assignment(s); supervising staff member check all that apply:

<input type="checkbox"/> Supervising students as needed by a teacher	<input type="checkbox"/> Chaperone for school field trips or social events for students
<input type="checkbox"/> Supervising students during a regularly scheduled activity	Date of event(s) _____
<input type="checkbox"/> Assisting with academic programs	<input type="checkbox"/> Chaperone for overnight events, competitions, etc.
<input type="checkbox"/> Assisting at the main office	Date of event(s) _____
	<input type="checkbox"/> Other _____

Forward to school office.

“Sex offender list” checked by _____ on _____ (mandatory).

Is a criminal background check (fingerprinting) a necessity (the individual will be working over a long period of time in direct contact with students where no staff member is continuously present or in other situations where a check would be prudent)? _____ (to be answered by Principal) If “yes,” and provided the individual authorized the check, refer individual to CBO for information. _____

Principal’s Signature _____

Administrator/Supervisor ---After completing this form, forward to the CBO for review.

For CBO Use Only

Fingerprint report reviewed by (if required) _____

Signature _____ Date _____

I_CHAT performed by (mandatory) _____

Signature _____ Date _____

Notification of I_CHAT and/or fingerprinting to Supervisor & Administrator _____ Date _____

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