



Oscoda Area Schools

Board of Education Office
3550 River Road
Oscoda, Michigan 48750

(989) 739-2033
FAX (989) 739-2325

OSCODA AREA SCHOOLS VOLUNTEER APPLICATION FORM

I agree to abide by all 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 inquires of its volunteers whether or not they have ever been convicted of a crime under the School Safety Act. To accomplish this, the following information is needed.

Name of Volunteer: _____
Full legal name must be listed, including middle initial

Date of Birth: _____ Driver's License Number: _____
A copy of the driver's license MUST be attached

Address: _____ Home Phone Number: _____

Applications will not be processed without a copy of a valid driver's license or Michigan ID, volunteer positions indicated, and a signature agreeing to comply with Board Policy 7540.04 – Staff and Volunteer Education Technology Acceptable Use and Safety

I authorize the Board of Education or its agent, of the Oscoda Area Schools, through the Criminal Records Division of the Michigan Department of State Police to periodically conduct a criminal history check of my records for the purpose of evaluating my qualifications to volunteer within the school district.

*I have received that Volunteer Application & Approval Process for the Oscoda Area Schools and will comply with this process.
I understand this must be turned in one (1) week prior to the participation.*

Signature of Volunteer

Date

For Office Use Only:

- I.C.H.A.T. O.T.I.S. National S.O. R.

Signature of Processor

Date

Name _____

Cell Phone _____

Email Address _____

Best time to reach you _____

I would be interested in volunteering for the following: (please check all that apply)

- Help with classroom activities (i.e. room volunteer)
 Monthly Weekly Daily Once in a while

Preferred grade level: _____ K-2 _____ 3-5 _____ 6-8 _____ 9-12

- Mentoring - help students academically on a weekly basis
 Elementary Middle School High School

- Chaperone or assist with school-related activities
 Dances Field trips After-school class activities
 Help with plays, concerts or programs (help build sets, costumes, practices, music, etc.)
 Classroom presenter (careers and/or hobbies) Help with student groups
 Middle School Pride group

- Help with Athletics:
 Booster Group Help Coach Sell tickets at athletic school events
 Chain gang at football games Work the concession stand at athletic events
 Operate the time clock at athletic events
 Public speaking and announcing at athletic or school events
 Assist with athletic tournaments on weekends
 Volunteer for youth sports (coaching, organizing, etc.)

We are also looking for people who can: speak a foreign language, sew, cook, do crafts, tell stories, read, do woodworking, or other skills.

- I would be willing to share the following skills/experiences with students: _____

I HAVE READ AND UNDERSTAND BOARD POLICY 7540.04 – STAFF AND VOLUNTEER EDUCATION TECHNOLOGY ACCEPTABLE USE AND SAFETY, AND AGREE TO COMPLY WITH ALL PROVISIONS CONTAINED IN THIS POLICY.

Signature

Date