



## **Columbia School District**

Volunteer Release Form  
2020-2021 School Year

*As a prospective volunteer for the Columbia School District, I understand that it is the school district's policy to secure criminal history information as part of the volunteer screening process. All information you provide is treated confidentially and used only for the purpose of securing background information. This form must be completed and turned in along with a copy of your Driver's License prior to volunteering in any Columbia School.*

**\*\*PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE TO THIS FORM\*\***

Please print all information *(must be legible)*

Date: \_\_\_\_\_ Student's in District: \_\_\_\_\_

Building in which you will be volunteering:    \_\_\_ CES    \_\_\_ CUES    \_\_\_ CCHS    \_\_\_ Options

Full Legal Name: \_\_\_\_\_

Previous/Maiden Last Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_

Race: \_\_\_ American Indian    \_\_\_ Asian/Pacific Islander    \_\_\_ Black    \_\_\_ White    \_\_\_ Other \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

*I understand my services to the Columbia School District are strictly on a volunteer and as-needed basis. I acknowledge that my volunteer services can be terminated by Columbia School District at any time. I agree to abide by all rules and policies of Columbia School District. By signing this form, I waive any claims and release the District of any obligation should I become ill or receive an injury as a result of my volunteer services. In addition, by signing this form I hereby give consent and acknowledge that the Columbia School District may conduct a criminal history check through ICHAT (Internet Criminal History Access Tool) through the Michigan State Police in regards to my volunteering with the district.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date