

**OFFICE OF HUMAN RESOURCES**101 PHILLIPS AVENUE
CLAWSON, MI 48017WWW.CLAWSONSCHOOLS.ORG**Annual Volunteer Application - ATTACH COPY OF DRIVER'S LICENSE**

Volunteer: Last Name	First	Middle	Maiden (if applicable)
Student Last Name		Student First Name	
School		Volunteering For (Staff Name)	
Position/Role (if applicable)		Volunteer Email	
Date of Birth		Street Address/City/Zip	
Driver's License #		Race	
Phone Number		Gender	

Pursuant to Public Act 138 of 2005, I represent that (*check one*):

- ☐ I have NOT been convicted of, pled guilty, or no contest or am the subject of a finding of guilt by a judge or jury of any crime.
- ☐ I HAVE BEEN convicted of, or pled guilty, or no contest or am the subject of a finding of guilt by a judge or jury for the following crimes: (**explain the criminal offense, date, court, city/state, and circumstances surrounding the conviction*):

Misdemeanor Felony **VOLUNTEER CERTIFICATION**

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.

I certify that the answers and information given by me in this application are true and complete without qualification and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand and agree that if any statement made by me on this application is false, misleading or a material omission, it will prevent me from volunteering and will be grounds for my immediate dismissal regardless of when discovered by the Clawson Public Schools.

I authorize Clawson Public Schools to make any investigation into my background deemed necessary. I understand that the Central Records Division of the Michigan State Police requires the above information. I authorize Clawson Public Schools to utilize the above information to receive information regarding me without providing me with notice of the same. Such information may include criminal convictions, driving records, Child Protective Service information, other information pertaining to child neglect or abuse, and any information that may be relevant. [PA 442 of 1976]

Signature: _____

Date: _____

OFFICE USE ONLY: DL VERIFIED ☐ PSOR ☐ ICHAT ☐ OTIS ☐ **STAFF INITIALS** _____