

SCHOOLCRAFT COMMUNITY SCHOOLS

VOLUNTEER FORM

Please fill out only one volunteer form for the current school year.

It is not necessary to complete multiple forms for each child.

Thank you for volunteering your time to our district. Your efforts are certainly appreciated by the staff and students of Schoolcraft Community Schools. Michigan School Safety Legislation, effective January 1, 2006 requires any person who volunteers to work with the District shall be screened through the Internet Criminal History Access Tool criminal history records check, prior to being allowed to participate in any activity or program. Please return this completed and signed form to the appropriate building administrator or administrative assistant. If you have any questions or concerns about the School Safety Legislation Act, please do not hesitate to contact Erin Veldt at veldte@schoolcraftcs.org

Full Name:(First, Middle, Last) _____

Maiden/Another Name _____

Race: _____

Sex: _____ Date of Birth: _____

Birth State: _____

☐ I have not been convicted of, or pled guilty or nolo contendere (no contest) to any crimes.

☐ I have been convicted of or pled guilty or nolo contendere (no contest) to the following crimes (use separate sheet to explain nature of conviction, date and court).

I, _____ agree to allow Schoolcraft Community Schools to perform a
(Signature of volunteer)
screening through the Internet Criminal History Access Tool criminal history records check.

(Parent Signature, if under 18) (Date)

Please list events you will be assisting with:

Please list the student's name and relationship to student:

| | | |
|--|----------------------------------|----------------|
| 1. _____ Students Name-Please Print | _____ Relationship to Student | _____ Grade |
| 2. _____ Students Name-Please Print | _____ Relationship to Student | _____ Grade |
| 3. _____ Students Name-Please Print | _____ Relationship to Student | _____ Grade |
| 4. _____ Students Name-Please Print | _____ Relationship to Student | _____ Grade |

School Use Only

Approved: ☐ Yes ☐ No

ICHAT Completed By: _____ Date: _____ Comments: _____