

Volunteer Approval/Review Form

Date: \_\_\_\_\_

**VOLUNTEER ASSIGNMENT**

**COPY OF DRIVER'S LICENSE REQUIRED WITH COMPLETED FORM**

Last Name\*: \_\_\_\_\_ First Name\*: \_\_\_\_\_ Middle Initial\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

Race (optional): \_\_\_\_\_ Sex\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

Student Name\*: \_\_\_\_\_ Phone Number\*: \_\_\_\_\_

**\*Information MUST be provided in order to serve as a volunteer.**

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Approved by \_\_\_\_\_

Reason, if not approved \_\_\_\_\_

Assignment(s) \_\_\_\_\_

Supervising professional \_\_\_\_\_

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**Clio Administrator Approval/Review Form – For Office Staff Only**

**Building Administrator**

Approved to Volunteer \_\_\_\_\_ Not Approved to Volunteer \_\_\_\_\_

\_\_\_\_\_  
Signature of Building Administrator

\_\_\_\_\_  
Date

Date forwarded to Personnel Office \_\_\_\_\_

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**Assistant Superintendent**

**Recommendation**

MPSOR \_\_\_\_\_ ICHAT \_\_\_\_\_ OTIS \_\_\_\_\_

**Human Resources Recommendation:**

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Building/Program Administrator Notified \_\_\_\_\_

\_\_\_\_\_  
Assistant Superintendent

\_\_\_\_\_  
Date

**Volunteer Release Form**  
**COMPLETED BY THE VOLUNTEER**

I have offered my services as a volunteer to help the Clio Area School District in the following areas:

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I agree to abide by all relevant Board Policies and administration 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 worker's 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 of the school, the District is required by law to inquire of its staff members whether or not they have ever been convicted of a crime related to children. We would appreciate your cooperation by indicating that you have never been convicted of any of the following offenses: aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, aggravated menacing, abuse or neglect of a child, kidnapping, abduction, child stealing, criminal child enticement, rape, sexual battery, corruption of a minor, gross sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually-oriented matter involving a minor, illegal use of a minor in nudity-oriented material or performance, endangering children, contributing to the delinquency of children, carrying concealed weapons, improperly discharging a firearm at or into a school or house, corrupting another with drugs, placing harmful objects in or adulterating food or confection.

**3120.09 - VOLUNTEERS**

The Board of Education recognizes that certain programs and activities can be enhanced through the use of volunteers who have particular knowledge or skills that will be helpful to members of the professional staff responsible for the conduct of those programs and activities.

The Superintendent and/or principals shall be responsible for recruiting community volunteers, reviewing their capabilities, and making appropriate placements. S/He shall not be obligated to make use of volunteers whose abilities are not in accord with District needs.

Any volunteer who works with or has access to students shall be screened through the Internet sites for the Sex Offenders Registry (SOR) list, the Internet Criminal History Access Tool (ICHAT) criminal history records check and the Offender Tracking Information System (OTIS) prior to being allowed to participate in any activity or program.

The Superintendent or designee is to inform each volunteer that s/he:

- A. shall agree to abide by all Board policies and District guidelines while on duty as a volunteer including signing, if appropriate, the District's Network and Internet Access Agreement Forms;
- B. will be covered under the District's liability policy but the District cannot provide any type of health insurance to cover illness or accident incurred while serving as a volunteer, nor is the person eligible for workers' compensation;
- C. will be asked to sign a form releasing the District of any obligation should the volunteer become ill or receive an injury as a result of his/her volunteer services.

The Superintendent or designee shall also ensure that each volunteer is properly informed of the District's appreciation for his/her time and efforts in assisting the operation of the schools.

**I have read and agree to the Clio Area School Board policy regarding volunteers.**

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Signature

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Date