

YOU can make a difference in the life of a child!



**VOLUNTEERS BUILD
A BETTER WORLD**

Davison Community Schools Volunteer Application

Name of Volunteer: _____
Last First Middle initial

Home Address: _____
Street City Zip code

Home Telephone: _____

Child's Name (if applicable): _____

Name of School You Would Like to Volunteer at: _____

Is there a certain type of volunteer activity that you prefer? If yes, please indicate: _____

Background Check

For the safety of students, the Davison Community School District conducts criminal history background checks on volunteers. The results are kept confidential and are a routine part of the employment process for Michigan public schools. I understand the information below is required by the Central Records Division of the Michigan State Police and I authorize Davison Community Schools to utilize this information for the sole purpose of conducting the criminal history background check.

Date of Birth: _____ Please circle: Male or Female

Other Name (Maiden, other married names, aliases): _____

Have you ever been convicted of a felony? _____

Volunteer Pledge

If I am assigned as a school volunteer, I accept the responsibility to serve in support of the educational program and supplement the work of the professional staff under their supervision. I understand that it is important to be reliable and unobtrusive, channel suggestions constructively, keep information confidential and comply with school rules. I understand that I am offering my services without compensation to Davison Community Schools.

Signature of Volunteer: _____

Date

For Office Use Only:

Date ICHAT processed _____

Thank you for joining our team!

REVISED SEPTEMBER, 2008