



Volunteer Placement & Background Check Form

As a prospective volunteer of the Dexter Community 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 check information.

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

Please Print All Information (must be legible)

Full Legal Name: _____
Last First Middle Initial

Previous/Maiden Last Name(s): _____ Date of Birth: ___ / ___ / ___

Daytime Phone# _____ Email Address: _____

Race: _____ Gender: _____

Volunteer Assignment: _____ Beginning Date _____

Name of staff member/activity leader for your assignment: _____

Will you be volunteering more than once in this school year: (If you choose yes, your background check information may be run more than once) _____ YES _____ NO

Will your volunteer assignment involve driving students/staff: _____ YES _____ NO

Please circle all schools in which you have children attending: Bates, Cornerstone, Wylie, Creekside, Mill Creek, DHS, Jenkins, N/A

Have you pled no contest to, or been convicted of, a misdemeanor/felony or are there misdemeanor/felony charges currently pending against you? _____ YES _____ NO

If YES, please describe the nature of the offense(s) including dates: _____

Emergency Contact:

Name Relationship Phone

I understand my services to the Dexter Community Schools are strictly on a volunteer and as-needed basis. I acknowledge that my volunteer services can be discontinued or terminated by the Dexter Community Schools at any time. I agree to handle my volunteer services in good faith and represent the Dexter Community Schools in a positive manner by acting professionally and appropriately at all times. I agree to abide by all rules and policies of the Dexter Community Schools and acknowledge that Dexter Community Schools does not provide insurance coverage for the volunteer for any loss, injuries, illness or death resulting from the volunteer's unpaid service to the 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 Dexter Community Schools may conduct a criminal history check at any time through the Criminal Records Division of the Michigan Department of State Police and/or the FBI or any other resource in regards to my volunteer assignment with the district.

Signature _____

Date _____

Office Use Only:

I-Chat Date(s): _____ MDOS Date (if applicable): _____
Approval: _____