



Dear Potential Volunteer:

We appreciate your willingness to work with our students at Ionia Public Schools. We believe that working together with the community, we can make a difference in each and every student. While focusing on the students' education, we must also ensure the safety of all our students. **Volunteers are required to complete an application. Each volunteer who applies will have a background check conducted by I.P.S. in collaboration with the Michigan State Police data bank ICHAT.** The information on the attached application will provide the necessary information. The volunteer is verified for one calendar year from the time of review. We look forward to developing the youth of Ionia Public Schools to continually strengthen our community.

Thank you again and if you have any questions please feel free to contact me or any of our building administrators.

Sincerely,

Ronald C. Wilson

Ronald C. Wilson
Superintendent

***Retain this sheet to ensure that you have completed all required steps**

1. Complete a Department of Human Services Clearance form (1929) and submit it to the local DHS (920 East Lincoln Avenue, Ionia MI 48846).
2. Bring the DHS written response to your request to the office of the school in which you are requesting to volunteer. (This response may take up to 10 days to process)
3. Complete the Ionia Public Schools Volunteer Application. (1 person per application)
4. Have the staff member who is sponsoring you sign the form and submit it to the principal.
5. You will be notified by the sponsoring staff member if you are approved to volunteer.

Ionia Public Schools

- | | | | |
|--|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Boyce | <input type="checkbox"/> Emerson | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Kstart MMCDC |
| <input type="checkbox"/> Rather | <input type="checkbox"/> Twin Rivers | <input type="checkbox"/> Middle School | <input type="checkbox"/> High School |
| <input type="checkbox"/> Welch Alternative Education | | | |

Children's Name that Attend IPS

Teacher's Name

VOLUNTEER APPLICATION

Application Form: Print Clearly and return the completed form to your child(ren)'s school.

This application is good for one calendar year.

<input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.		Today's Date:	
*First Name:		Middle:	
*Last Name:			
Home Street Address:			
City:		State:	Zip Code:
Home Telephone:		*Date of Birth:	
Work Telephone:		*Race/Ethnicity	
Cellular Telephone:		E-Mail Address:	
Are you employed? <input type="checkbox"/> Yes (Employer) _____ <input type="checkbox"/> No			
EDUCATION			
High School Graduate:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of High School:
College Graduate:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of College:
Specialized Education or Training (Please List):			
Please explain your interest in volunteering:			
*Needed for background checks.			

Have you ever been arrested or convicted of a crime? Yes (If yes, please explain below) No (An affirmative response will NOT automatically disqualify you from being considered, failure to report a conviction will).

Background Check

I understand, in consideration of my application, a background investigation will be conducted, and this investigation may include, but is not limited to, a criminal background check in the files of any Federal, state or local justice agency, or driving history. Ionia Public Schools is authorized to conduct the background investigation and I release Ionia Public Schools from responsibility for this investigation. The requested information is for the sole purpose of gathering accurate information for volunteer services at Ionia Public Schools. Without a completed and approved volunteer application I will not be eligible to volunteer at Ionia Public Schools. **An employability standard is used when determining eligible volunteers.**

I have read and understand the above and by my signature consent to these statements.

Applicants Signature

Date

Staff Member who has collected-filed a DHS Clearance Form (1929) (Print)

Staff Member Recommending that Volunteer Supervise Children (Print)

Office Use Only

- | | |
|---|--|
| <input type="checkbox"/> Background Checked and Cleared | <input type="checkbox"/> Background Checked and Found concern |
| <input type="checkbox"/> Employer maintains a similar check | <input type="checkbox"/> Applicant failed to reveal conviction |
| <input type="checkbox"/> Eligible | <input type="checkbox"/> Not Eligible |