West Bloomfield school district

VOLUNTEER AND CONSULTANT RELEASE FORM

In order to ensure the protection of children in the care of the West Bloomfield School District, all persons wishing to volunteer at the school or for any function conducted by the school or provide a service as a consultant defined by Board of Education Policy 3120.09-A must complete a State of Michigan Internet Criminal History Access Tool (ICHAT) background check. Any individual declining to complete the Volunteer Release Form will not be considered for volunteer or consultant service.

The information on this form must be <u>complete and legible</u>; otherwise the background check will not be processed.

Please be sure to sign and date the bottom of this page and return the form to your school office

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Service to Provide		Date to Provide Service	School	
Student Name		Will you be driving students	Yes	□No
VOLUNTEER INFORMATION (please pr	rint)		Control of the second	
Last Name		First Name		Middle Initial
Maiden Name or Last Names Previously Used				·
Date of Birth (mm/dd/yyyy)	Race	Sex		
	☐ ☐ As	sian Black White Other	L	Female Male
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loing volunteer work for the District, you slor consultant, you are not in any manner or employees.	nall be resp onsidered	ponsible for any and all medical an employee of the District or er	you become ill o charges that ma ititled to any ben	or suffer an accident while by accrue. As a volunteer nefits provided to
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