



**Volunteer Placement
&
Background Check Form**

*As a prospective volunteer for 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. This form must be completed and turned in along with a copy of your Driver's License **BEFORE** your volunteer assignment begins.*

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

Please Print All Information (must be legible)

Full Legal Name: _____
First Name Middle Initial Last Name

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

Daytime Phone# _____ Email Address: _____

Race: ____ American Indian/Alaskan Native ____ Asian/Pacific Islander ____ Black ____ White ____ Other/Unknown
(Race/Ethnicity categories are defined by the U.S. Government. This information is necessary in order to complete a background check. Please choose one of the above.)

Volunteer Assignment: _____ Beginning Date _____

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

Building or Department in which you will be volunteering: ____ Anchor ____ Beacon ____ Wylie ____ Creekside
 ____ Mill Creek ____ DHS ____ Jenkins ____ Athletics ____ Community Ed ____ Other _____

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

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): _____ Approval: _____