

2023 - 2024

# REQUEST FOR CENTRAL REGISTRY CLEARANCE

## North Branch Area Schools School Volunteer Approval

Please **print legibly in ink** the following information

**\* Required Information**

* Today's Date		
* Name (First, Middle, Last Name)		
* Race	* Sex	
* Date of Birth		
* Address		
* City	* State	* Zip Code
Driver's License Number – <b>MUST SHOW COPY TO OFFICE</b>		Staff Initials:
Current Phone Number		
* Other Names By Which Known (Maiden name or other)		

To ensure safety and security for the students of North Branch Area Schools I do hereby give permission for the district to complete the required background check.

* Signature of applicant	Signature of NBAS staff completing record search:
	Date:

AUTHORITY: State P.A. 238 of 1975, 722,627.Sec 7 (f) RESPONSE: Voluntary PENALTY: Inappropriate releases of this information is a misdemeanor	North Branch Area Schools will not discriminate against any individual or group because of race, sex, religion, national origin, color, height, weight, martial status, disability, or political beliefs.
Office use only:	
<b>School requesting record:</b>	<i>Schools:</i> Forward form to Rhoda Lucia, Superintendent's Secretary for completion. A master list of all cleared persons will be forwarded to all schools routinely. NO individual is allowed to volunteer in any capacity UNTIL they are on the master list.
<b>REASON:</b>	
<b>School contact:</b>	

**Codes for REASON: Volunteer (V), Field Trip (FT), Other – please specify**

Revised 8/3/2023

OFFICE USE ONLY
BUILDING - _____ SIGNATURE - _____

**Please complete form and bring to the school office with your driver's license for verification. Field trip clearances must be completed two weeks prior to the field trip. Thank you!**

# North Branch Area Schools

6655 Jefferson Rd  
P.O. Box 3620  
North Branch, MI 48461-0620  
(810) 688-3570  
Fax (810) 688-7010  
www.nbbrncos.net

James D. Fish  
Superintendent

Thank you for offering to serve as a volunteer for North Branch Area Schools! Volunteers truly make a difference in the lives of our students and offer a different lens for our student learning. NBAS values your service!

The following agreement is to establish an understanding of the role of a volunteer and to establish guidelines to ensure an understanding of our school culture. This agreement also serves as a safety net for you, the volunteer.

**Volunteer:** A person who works at school sites or other educational facilities to support the efforts of NBAS staff.

As a volunteer for NBAS, I understand and agree to the following:

- Volunteering is a complementary service to the district and must be pre-approved by appropriate school district personnel
- I will volunteer in coordination with another district staff member while at a school site
- Any student discipline concerns shall be handled by staff members only
- I will wear a visible visitor badge at all times
- I will immediately inform a building administrator of any issue that may impact my service as a volunteer
- I will maintain the confidentiality of all staff and student information
- I understand adult/student age-appropriate nurturing relationships
- I will contact appropriate school personnel when I am unable to volunteer
- I will check in and out of the office each time I volunteer

Failure to follow any of the above expectations may impact your ability to volunteer in the future.

**Background Screening:** Prior to being approved to volunteer, all NBAS volunteers are **required** to submit background screening paperwork. This paperwork may be submitted to any building office and must be accompanied by your Driver's License. Please allow 7-10 business days for processing.

Volunteer Name (please print): \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Office Staff Signature: \_\_\_\_\_