

HILLSDALE COMMUNITY SCHOOLS  
Volunteer Information

To protect your privacy, this form will only be seen by designated Hillsdale Community Schools' representatives.  
The information on this side only will be shared with appropriate staff related to your volunteerism.

Name \_\_\_\_\_ Date \_\_\_\_\_ Are you over 18: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

E-mail Address \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_ Phone \_\_\_\_\_

Reference Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Volunteer Activity \_\_\_\_\_

If you have children in this building, please list their names and grade level \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONFIDENTIALITY AGREEMENT**

It is the policy of Hillsdale Community Schools to provide our students and employees with a level of privacy and confidentiality with any information concerning them. In the course of your volunteer work, you may have access to confidential information (oral, written or computer generated not otherwise available to the public at large) about students or employees, their families or personal business.

THEREFORE, I AGREE that:

My right to enter or make use of confidential information is restricted to my need to know the data or information to perform my volunteer duties. I will not discuss any confidential information and will hold all confidential information of which I have knowledge in the truest confidence, as required by law. I agree to utilize confidential information obtained by me for the benefit of the student or employee or in the performance of my volunteer responsibilities.

**I HAVE READ AND UNDERSTAND THE VOLUNTEER RELEASE AND CONFIDENTIALITY AGREEMENT AND AGREE TO ITS TERMS.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Other side must be completed also - Thank you**

**VOLUNTEER RELEASE FORM**

I have offered my services as a volunteer to help the School District. I agree to abide by all relevant Board policies and administrative guidelines while on duty for the District. I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer service.

For the protection of the children in the school, the District is required by law to inquire of its volunteers whether or not they have been convicted of certain crimes or a crime related to children. We would appreciate your cooperation by indicating that you have never been convicted of the following offenses: aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, aggravated menacing, abuse or neglect of a child, kidnapping, abduction, child stealing, criminal child enticement, rape, sexual battery, corruption of a minor, gross sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually oriented matter involving a minor, illegal use of a minor in nudity-oriented material or performance, endangering children, contributing to the delinquency of children, carrying concealed weapons, improperly discharging a firearm at or into a school or house, corrupting another with drugs, placing harmful objects in or adulterating food or confection.

**CRIMINAL HISTORY CHECK**

Please note that each question is important for the criminal history check. This information is necessary to ensure that we receive only your particular information. **Please fill out completely.**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Previous, married and/or maiden names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Race: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

States you have previously lived in: \_\_\_\_\_

I give Hillsdale Community Schools permission to complete a criminal background check with any or all of the Michigan State Police, Department of Human Services, and ICHAT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NOTE: A criminal record is one piece of information that will be considered in determining the appropriateness of an individual to be a Hillsdale Community Schools' volunteer. The final determination is under the authority of the Superintendent or his/her designee.