



Pontiac School District

Volunteer Registration Form

Please complete the form in its entirety

I am a: Parent/Guardian Relative Community Member K-12 student in PSD

Contact Information (please print clearly)

Please Check One: MR. _____ MS. _____ MRS. _____ MISS _____ DR. _____

LAST: _____ FIRST: _____ M.I. _____ MAIDEN _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ OTHER: _____

EMAIL ADDRESS: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Phone: () _____ Relationship: _____

Areas of Interest & Availability

- If you are volunteering on behalf of a business or agency (e.g. General Motors), list the name below.

- If you are volunteering for a specific initiative, please list it below.

Please indicate any areas of interest in volunteering and/or dates and times you are available:

Background Information - please complete all sections

Have you ever been convicted of a felony? YES _____ NO _____

Have you ever been convicted of a misdemeanor? _____ Yes _____ No

If yes, please explain:

NOTE: A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM VOLUNTEERING. THE APPLICANT NEED NOT DISCLOSE ANY INFORMATION REGARDING CRIMINAL ARREST OR CONVICTION RECORDS THAT HAVE BEEN EXPUNGED OR SEALED. MY SIGNATURE ON THIS FORM PROVIDES THE DISTRICT PERMISSION TO COMPLETE A CRIMINAL HISTORY BACKGROUND CHECK AS DEEMED APPROPRIATE. FOR THE PURPOSE OF THIS CRIMINAL HISTORY CHECK, I AM PROVIDING THE FOLLOWING INFORMATION: (This information must be completed)

Birthdate: _____ / _____ / _____ My Race/Nationality is: _____

Gender: M _____ F _____

Driver License #: _____ State: _____

I UNDERSTAND THAT AS A VOLUNTEER I WILL BE COVERED UNDER THE DISTRICT'S LIABILITY POLICY AND THAT THE DISTRICT CANNOT PROVIDE HEALTH INSURANCE TO COVER ILLNESS OR INJURY RECEIVED AS A RESULT OF MY VOLUNTEER SERVICE. I ALSO AGREE TO RELEASE THE DISTRICT OF ANY OBLIGATIONS BEYOND THE COVERAGE PROVIDED BY THE DISTRICT'S LIABILITY POLICY SHOULD I BECOME ILL OR RECEIVE AN INJURY AS A RESULT OF MY VOLUNTEER SERVICE.

Volunteer Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Received: _____ / _____ / _____ By: _____

Placement: Building Location: _____ Program: _____

Building Principal Signature: _____

Equal Opportunity Employer:

The City of Pontiac School District is an Equal Opportunity Employer. Position is subject to City of Pontiac School District policy, rules, and regulations An Equal Opportunity/Affirmative Action Employer It is the policy of the School District of the City of Pontiac that no person shall on the basis of race, religion, color, national origin, sex, age or disability be excluded from participation and be denied the benefits, or be subjected to discrimination under program or activity and in employment, further the School District of the City of Pontiac Board of Education strictly adheres to the provision of Title VI of the Civil Rights Acts of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and all Michigan Department of Education policies and regulations prohibiting discrimination.