

MADISON YOUTH ATHLETIC COUNCIL [MYAC]



Madison Youth Athletic Council, in cooperation with our community, strives to develop and coordinate youth athletic opportunities intended for the youth attending Madison School District.

NEW MEMBER INFORMATION FORM

NAME:	DATE:
HOME ADDRESS:	
HOME PHONE:	CELL PHONE:
EMAIL:	
COMPANY NAME:	TITLE/POSITION:
DO YOU HAVE CHILDREN ATTENDING MADISON SCHOOLS?	IF SO, WHICH GRADE(S):
AREA OF INTEREST AS A VOLUNTEER FOR THE MYAC: (ex. coach, leadership on Council Board, facility improvement, fundraising, parent volunteer, etc.)	
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FOR OFFICE USE ONLY:

RECEIVED DATE:	
APPROVED AT MYAC DATE:	
SIGNED BY SECRETARY:	

Madison Schools Volunteer/ Mentor Application

Level 2 Application

Volunteer's

Name: _____
 First Middle Last

Other names by which known: (include maiden) _____

Volunteer's Date of Birth: _____ Male _____ Female _____ Race _____

Address: _____
 Street Apt.

 City State Zip Code

The above name must appear on the following student's emergency forms to chaperone.

Child _____ Teacher _____

Child _____ Teacher _____

Child _____ Teacher _____

Please check the appropriate box:

___ I do not have a criminal record. Please alert me if anything appears in my records.

___ I have had a criminal offense that does not involve children.
Please explain _____

___ I have had a criminal offense that involved a minor.
Please explain _____

___ I have had an offense that does not fall into the above categories.
Please explain _____

Please read the following school policy:

I understand:

- * As a chaperone, my responsibilities are to **insure the safety of the assigned students in my care** and maintain a level of order and professionalism throughout the fieldtrip.
- * **That I CANNOT bring other children or adults with me.**
- * That Madison School and all Madison School activities **shall be tobacco, drug, and alcohol free.**
- * My actions as well as clothing shall be in accordance with the student handbook. Appropriate dress for the activity is required; **(no inappropriate slogans on t-shirts and other articles of clothing).**

By signing this form, I acknowledge that I have been provided with a copy of this volunteer/mentor form and notice. By signing, I am also consenting to a criminal history background check anytime during the current school year. I have read and understood the foregoing information and certify it is true and correct to the best of my knowledge.

Date: _____ Signature: _____

NOTICE FOR PROSPECTIVE VOLUNTEER / MENTOR

To the volunteer/mentor applicant:

You have applied to serve as a Madison School District volunteer/mentor which requires a background check. This check will access criminal history information held by the Michigan State Police and the Michigan State Sex Offender Registry. A determination will be rendered as to your fitness to serve in a volunteer/mentor capacity. A Madison School Administrator will communicate to you the determination of non-eligibility. The absence of a criminal record does not ensure that a volunteer/mentor will be considered acceptable.

To obtain a criminal background check, you must provide Madison Schools with:

1. Your name, address, and date of birth [as appears on an official government ID, such as a driver's license or passport]; or MI state identification number
2. A statement of whether you have a criminal record and, if so, the particulars of such record.

Once the criminal background check is complete, you are entitled to obtain a copy of any criminal history record and challenge the accuracy and completeness of the criminal history record information. Any such challenge should be made to the appropriate Madison Schools Administrator.

By signing this application, you authorize:

1. Madison Schools to obtain a complete set of descriptive data (general information; such as name, phone number, address) and transmit them to the mentoring organization.
2. Madison Schools to examine the criminal history, make a fitness determination, and transmit the fitness determination to the appropriate mentoring organization.

By signing this application, you indicate your understanding that:

1. Madison Schools, ultimately, bears full responsibility for the screening of volunteers/mentors and the placement of volunteers/mentors in the most suitable roles.
2. Based on criminal history information held by the Michigan State Police and the Michigan State Sex Offenders Registry, a determination will be rendered exclusively by Madison Schools as to my fitness to serve as a mentor/volunteer.
3. A criminal record does not necessarily disqualify an applicant. A criminal record is one piece of information that will be considered in determining the fitness status of an individual to be a Madison School volunteer/mentor.
4. Any information gathered, will be held in the appropriate administrative office.