



For Office Use Only	
Approved _____	Denied _____
Date _____	

## District Volunteer Application and Volunteer Waiver and Release Form

**Thank you for your interest in volunteering in the Clarenceville School District. The District must perform a background check on all volunteers annually. An updated list of approved volunteers will be accessible to building principals and secretaries.**

**In order for the District to perform a background check, you will need to: (i) complete the criminal history check; (ii) sign the waiver and release form; and (iii) provide a copy of a valid ID with date of birth.**

<b>Criminal History Check</b>
-------------------------------

**Name** \_\_\_\_\_

First Name	Middle Initial	Last Name	Suffix
------------	----------------	-----------	--------

Maiden Name (if applicable) \_\_\_\_\_

<b>Date of Birth</b> _____	<b>Gender</b>
Month      Day      Year	Male      Female

**Please check the box below that best describes your ethnicity**

White     
  Black     
  Asian or Pacific Islander     
  American Indian or Alaskan Native     
  Other

**Please list ALL your student's below and the buildings you plan on volunteering at:**

- |          |          |           |    |    |           |
|----------|----------|-----------|----|----|-----------|
| 1. _____ | Botsford | Grandview | MS | HS | Athletics |
| 2. _____ | Botsford | Grandview | MS | HS | Athletics |
| 3. _____ | Botsford | Grandview | MS | HS | Athletics |
| 4. _____ | Botsford | Grandview | MS | HS | Athletics |
| 5. _____ | Botsford | Grandview | MS | HS | Athletics |
| 6. _____ | Botsford | Grandview | MS | HS | Athletics |

I understand that a criminal background check (I-CHAT) will be conducted as a part of a pre-placement screening process. All information is confidential and not for general knowledge. I release the Clarenceville School District, Michigan State Police, and local law enforcement from all liability in connection with this criminal background check. Any deliberate false information will lead to disqualification from volunteering for Clarenceville School District.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_



# District Volunteer Application and Volunteer Waiver and Release Form

## Wavier and Release Form

I desire to volunteer for Clarenceville School District and engage in school activities related with the District. Pursuant to Board Policy 7009, I further agree to comply with all Board of Education Bylaw and Policies [via this link](#).

I AM FULLY AWARE THAT VOLUNTEERING WITH SCHOOL ACTIVITIES MAY INVOLVE PHYSICAL ACTIVITIES THAT MAY POSE INHERENT RISKS ASSOCIATED WITH MY PARTICIPATION AND THAT I DO HEREBY ASSUME AND ACCEPT ALL SUCH RISKS, INCLUDING, BUT NOT LIMITED TO, THE RISK OF PERSONAL INJURY UP TO AND INCLUDING DEATH. I AM NOT AWARE OF ANY CONDITION, PHYSICAL OR OTHERWISE, WHICH COULD BE AGGRAVATED, WORSENER, OR OTHERWISE ADVERSELY AFFECTED BY MY PARTICIPATION IN THESE ACTIVITIES.

In consideration for being allowed to volunteer in school activities, I assume full responsibility for all risks, including those from the negligence of Clarenceville School District or otherwise. I fully and forever release and discharge Clarenceville School District, its employees, volunteers, agents, representatives, contractors, sub-contractors, successors, heirs, assigns, affiliates, its Board of Education, and legal representatives harmless from any and all liability, claims, demands, damages, injuries, costs and attorney fees, which may arise from my participation in the school activities.

By signing below, I acknowledge that I have read and understood this wavier and agree to its terms.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

If the volunteer is under 18 years of age, your parent/legal guardian must also sign this waiver and release form.

Parent/Guardian Name: \_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

