



Building _____
 Program _____

VOLUNTEER/CHAPERONE APPLICATION

Thank you for volunteering to assist the Battle Creek Public Schools. Please complete the following information to help us know our volunteers. All information will be treated as confidential. *We appreciate you!*

Name _____ Date _____
Full Name First Middle Last
 Address _____ Telephone No. _____
 City _____ Unlisted: ___ No ___
 State _____ Zip _____
 E-Mail _____

Person to be notified in case of emergency _____

Address _____ Telephone No. _____

Building/Program of Volunteer Activity _____

Student Name/Classroom Teacher _____

How will you be volunteering in our schools? _____

List any special skills _____

LIST TWO REFERENCES

_____	_____	_____
Name	Address	Business

_____	_____	_____
Name	Address	Business

EDUCATION

_____	_____
High School and/or College	Degree/Diploma
_____	_____

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?

Yes _____ No _____

If yes, give details: _____

If you have worked under another name(s), please indicate _____

If not a U.S. Citizen, give Visa type and Immigration Number _____

Driver's License Number – State: _____ **No.:** _____

(Attach a copy of picture identification)

State ID Number : _____

Other Identification : _____

Date of Birth ____ - ____ - ____ **Social Security Number** XXX - XX - _____

Sex ____ **Race** _____ *(last 4 digits is required)*

The information given is correct to the best of my knowledge. I will notify the Battle Creek Public Schools if this information changes.

Signature of Volunteer _____

Signature of Coordinator _____

Signature of Administrator _____

My signature below authorizes the Battle Creek Public Schools district and/or its agent, ICHAT, to conduct a background investigation and authorizes release of information in connection with my application for volunteering. This investigation may include any or all information contained in criminal or civil convictions, personal references, professional references, social security number and date of birth verification from the social security administration, etc., and other appropriate sources. I waive my right of access to written notice required under section 6 of the Bullard-Plawecki right to know act, Act No. 397 of the Public Acts of 1978, being section 423.506 of the Michigan Compiled Laws. I hereby release without limitation the school district and the reference source from any liability in connection with its release or use. This release includes the sources cited above and specific examples as follows: the local Sheriff, information from the Central Criminal Records Exchange of either data on all criminal convictions or certification that no data on criminal convictions are maintained, information from the Michigan or other State Department of Social Services Child Protective Services Unit and any Locality to which they refer for release of information pertaining to any findings of child abuse or neglect investigations involving me. The district shall not be liable for any damages, which may result from such verification and inquiry. Furthermore, I certify that I have made true, correct and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application, or any supplement to it will be sufficient grounds to prohibit or for my release should I become a volunteer with the school district.

Please send to Director with
& copy of driver's license

Volunteer Application

Date _____

Signature of Applicant _____

Please send to Director with
& copy of driver's license

Volunteer Application

Section 7000 – Instructional Program

7490-R Chaperones

The Superintendent may direct that appropriate screening processes be implemented to assure that adult chaperones for field trips or excursions are free of criminal convictions for any offenses involving children. Such processes may include the requirement for a criminal background check, application forms that require disclosure of any criminal convictions for crimes involving children, gathering of personal references, and other methods to assure that adult chaperones are suitable and acceptable for accompanying children on field trips or excursions.

When serving as a chaperone for District field trips, the parent(s)/guardian(s), or other adult volunteers, including employees of the District, assigned to chaperone, shall not use tobacco products in the presence of students, nor shall they consume any alcoholic beverages nor use any illicit drug during the duration of their assignment as a chaperone, including during the hours following the end of the day's activities for students. Chaperones shall be given a copy of these rules, and sign a letter of understanding verifying they are aware of, and agree to, these District rules before being allowed to accompany students on any field trip or excursion.

Any chaperone found to have violated these rules shall not be used again as a chaperone for any District sponsored field trips or excursions and may be excluded from using District sponsored transportation for the remainder of the field trip or excursion and be responsible for their own transportation back home. Employees found to have violated these rules may be subject to disciplinary action.