Chippewa Hills School District
3226 Arthur Road
Remus, Michigan 49340
Phone: 989-967-2000
Fax: 989-967-2009
Ms. Newman, Superintendent
Mr. Talicska, Asst. Superintendent
Mrs. Walburg, Director of Finance
District Website: www.chsd.us

The Board of Education recognizes and appreciates the generosity and support it receives from volunteers.

This form must be completed and turned in a minimum of two weeks prior to the scheduled event.

Volunteer Information

Name: _____ ("Volunteer")

Address: _____

Phone Number: _____ Date of Birth: _____

Race: _____ Sex: _____

Email: _____

Maiden Name/Names previously used, if any: _____

_____

Names of children attending the District, if any: _____

_____

Volunteer must provide a valid form of photo identification (e.g., driver's license, passport, or state issued identification card).

Have you previously volunteered for the District? ☐ Yes ☐ No

Have you previously been denied the opportunity to volunteer for the District? ☐ Yes ☐ No

Are you a registered sex offender? ☐ Yes ☐ No

Have you been convicted of a felony? ☐ Yes ☐ No

If yes, please describe the offense(s), date(s), and location(s):

_____

_____

Are you the subject of a current criminal or child protective services investigation or do you have pending criminal charges against you? ☐ Yes ☐ No

If yes, please describe the investigation or charges:

_____

_____

Requested Volunteer Position

Description: _____

Building: _____

Teacher: _____

Start date: _____ End date: _____

Terms & Conditions

Volunteer agrees to indemnify, defend, and hold harmless the District, its officers, employees, agents, board members, students, and guests from all claims, damages, and liabilities, including attorneys' fees, in any manner arising out of Volunteer's volunteer services. Volunteer is responsible for all injuries or damages to persons or property caused by Volunteer.

If the District approves this request, Volunteer certifies that when serving in the volunteer position he or she will: (i) perform as a volunteer and not as a District employee; (ii) comply with all federal, state, and local laws, rules, and regulations; (iii) comply with any additional requirements or conditions that may be imposed by the Superintendent; and (iv) not use or be under the influence of illegal drugs or alcohol.

Volunteer acknowledges that volunteering for the District is a privilege, not a right. The District's Superintendent or designee may reject a person's request or terminate a Volunteer's assignment at any time for any reason that is not unlawful. Volunteer may also be required to complete a background check at any time and hereby consents to such a background check.

Volunteer confirms that, to the best of his or her knowledge, the information provided within this form is true, complete, and accurate.

Volunteer Signature: _____

Date: _____

For Internal Use

☐ Approved ☐ Not Approved Date: _____

Signature of Superintendent or Designee: _____

Approval is subject to the following additional requirements:

_____

_____

Volunteer acknowledges and agrees to the additional requirements (if applicable).

Signature: _____

Printed Name: _____ Date: _____