EDWARDSBURG PUBLIC SCHOOLS

DR. COURTNEY SZUCS | SUPERINTENDENT

69410 SECTION STREET
EDWARDSBURG, MI 49112

CONFIDENTIAL VOLUNTEER BACKGROUND CHECK REQUIRED INFORMATION

You must submit a copy of your driver's license with this form

Note: School Safety Legislation requires any person who volunteers to work with the District to be screened through the Internet Criminal History Access Tool for a criminal history records check prior to being allowed to participate in any activity or program **ON A YEARLY BASIS**. It is imperative that you read and sign below. If you have any questions or concerns about the School Safety Legislation Act, please do not hesitate to contact our Administration Office at 269-663-3055.

Position/Type of Volunteer Work: _____ *Date of Event(s):* _____

*Student Name(s) & Relationship (ifapplicable):*_____

Building(s) where volunteering: ☐High School ☐ Middle School ☐ Intermediate ☐ Eagle Lake ☐ Primary

I agree to abide by all relevant Board policies and administrative guidelines located on EPS website (www.edwardsburgpublicschools.org) while on duty for the District. I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damage, whatever their nature, which may result because of my volunteer services.

For the protection of the children in the school, the District is required by law to inquire of its volunteers whether or not they have ever been convicted of a crime related to children. We would appreciate your cooperation by indicating that you have never been convicted of any of the following offenses: aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, aggravated menacing, abuse or neglect of a child, kidnapping, abduction, child stealing, criminal child enticement, rape, sexual battery, corruption of a minor, gross sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually oriented matter involving a minor, illegal use of a minor in nudity-oriented material or performance, endangering children, contributing to the delinquency of children, carrying concealed weapons, improperly discharging a firearm at or into a school or house, corrupting another with drugs, placing harmful objects in or adulterating food or confection.

Volunteer Name _____ Other Names Used_____
(First, Middle Initial, Last – PLEASE PRINT CLEARLY) (Maiden Name, etc.)

Driver's License #_____ State_____ Date of Birth (mm/dd/yyyy) _____

Sex_____ Race _____Phone _____ (hm) _____ (cell)
(White/Black/Asian/American Indian/Other)

Address_____
(Street/City/Zip Code)

I understand that the Central Records Division of the Michigan State Police, Lansing, Michigan, requires the above information. I authorize the Edwardsburg Public Schools to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search. I certify that I truthfully completed all information components and have filled in all requested information above. I understand that false statements on this form shall be considered sufficient cause for non-consideration as a volunteer.

Signature of Prospective Volunteer:_____Date_____

Building Principal's Signature_____ Date_____

For Office Use Only: Approved _____ Denied _____ Initials _____ Date _____