



MOUNT CLEMENS COMMUNITY SCHOOLS

167 Cass Avenue, Mount Clemens, MI 48043 • www.mtcps.org • PHONE (586) 469-6100 • FAX (586) 469-5569

VOLUNTEER REGISTRATION FORM AND RELEASE OF LIABILITY (2017-2018)

The following information is required for an internet background check, please PRINT LEGIBLY and COMPLETE IN FULL or the form will be returned.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Mount Clemens High School | <input type="checkbox"/> Mount Clemens Middle School | <input type="checkbox"/> Seminole Academy | <input type="checkbox"/> ML King Academy |
| | <input type="checkbox"/> District Athletics | <input type="checkbox"/> District Volunteer | |
| <input type="checkbox"/> Parent/Guardian | <input type="checkbox"/> Family Member | <input type="checkbox"/> Staff Family | <input type="checkbox"/> Community Member |
| | | | <input type="checkbox"/> Other _____ |

LEGAL Last Name _____ First Name _____ Middle Initial _____

Maiden Name (if applicable) _____ Phone Number _____

RACE/ETHNICITY: Asian Pacific Islander Hispanic Black White American Indian

GENDER: Male Female DATE OF BIRTH: _____ / _____ / _____
Month Day Year

Home Address _____ City _____ State _____ Zip Code _____

- I understand that I am not an employee of the School District, and that I am offering my services to the Mount Clemens Community School District freely and voluntarily, at my own will and volition, without any expectation or promise of monetary compensation or benefits of any kind.
- I understand that my services may be terminated by either myself or the District, at the will of either party, without cause, and without prior notice for any reasons deemed sufficient by the terminating party.
- I understand that I am not a general agent or representative of the school district, and will not hold myself out to be so. I will not exceed the authority or responsibility delegated to me by the Building Administrator.
- I understand that I WILL NOT be eligible for workers' compensation coverage and WILL NOT be covered under any of the District's health insurance policies for any illnesses or injuries sustained in the course of my volunteer service.
- I hereby release the Mount Clemens Community School District of any and all claims of liability for any illness, injury or other loss sustained or incurred by me, as a direct or indirect result of my volunteer service.** _____ (Volunteer's initials).
- I understand that as a volunteer, I will be required to abide by all school board rules, regulations and policies, either published or in effect by usage and all rules, regulations, as well as the laws of the State of Michigan, and the Code of Conduct on the attached page(s).
- I understand that **I am not allowed to use corporal punishment to discipline any students with whom I may come into contact.**
- I understand that student records and information is confidential, and I will not disclose or discuss same without appropriate consent.
- I have not been convicted of, or pled guilty or nolo contendere (no contest) to, any felony or other crimes, except _____.
- I certify that all information given on this application is true and complete. Any misrepresentation, omission or incorrect statement of facts called for in this application is cause for immediate dismissal of me as a volunteer.**

I understand that a criminal history records check will be conducted, and I have signed the attached consent form for that purpose.

Signature of Volunteer _____ Date _____

CONSENT TO CRIMINAL HISTORY RECORDS CHECK

I understand, that prior to providing any volunteer service, the Mount Clemens Community School District conducts a criminal history check of all applicants. I authorize Mount Clemens Community Schools to utilize my personal information disclosed herein to obtain a criminal history file search from the Michigan Department of State Police and such other police agencies as may have such records.

Signature of Volunteer _____ Date _____

Mount Clemens Community School District does not discriminate on the basis of race, religion, color, veteran status, sex, age, height, weight, national origin, marital status, pregnancy, handicapping condition or disability. A disabled or handicapped individual may allege a violation regarding failure to accommodate under the Michigan Handicappers' Civil Rights Act only if the individual notifies the employing institution, in writing of the need for accommodation within 182 days after the date on which the handicapped or disabled individual knew or reasonably should have known that an accommodation was needed. Written notification of the need for accommodation in the application or selection process and/or questions regarding this notice should be directed to the Mount Clemens Community School District at 167 Cass Avenue, Mount Clemens, Michigan, 586-461-3777.