

Lansing School District Volunteer RENEWAL Application for 2012-2013

ALL VOLUNTEERS – Please print neatly.

REQUIRED: I have attached a copy of my Driver’s License or State ID to this form.

Legal Name _____ Date of Birth ____ / ____ / ____

School Preference(s): _____

Home Address _____ City _____ State _____ Zip _____

Home Telephone # _____ Gender _____ Race _____

Email Address _____

Employer _____

Emergency Contact Name _____ Telephone # _____

Parents/Relatives: One form suffices for all your students. (Write additional students/schools on back.)

Student Name: _____ School _____

Student Name: _____ School _____

Student Name: _____ School _____

Student Name: _____ School _____

Have you ever been convicted of any (misdemeanor or felony) criminal offense? If yes, explain: _____

I understand that a criminal background check will be conducted as a part of a pre-placement screening process and on an annual basis for the remainder of my volunteer service. I authorize the Lansing Police Department to release my Lansing Police Department and Michigan State Police ICHAT records to the Lansing School District. All information is confidential and not for general knowledge. I release the Lansing 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 the Lansing School District.

VOLUNTEER DRIVERS

*****IMPORTANT*****

Please be mindful that the State of Michigan law now requires that any parent driving students on a field trip in their personal vehicle MUST have a booster seat with a lap and shoulder belt for each student under the age of 8 years old or 4’9” in height.

_____ I am requesting to drive on field trips.

I hereby verify that I have a valid, unrestricted drivers license (copy attached). I believe the vehicle I am driving on this trip to be in safe operating condition. I have talked with my insurance company and I have adequate coverage for any risks involved.

Signature _____ Date Signed ____ / ____ / ____