

East Jackson Community Schools Volunteer Application



Thank you for your interest in being a volunteer to assist in classrooms, on the playground, on field trips as a chaperone, or participating as a volunteer in another capacity. The students and teachers benefit greatly from your generous gift of time/skills.

- 1 Print name of teacher, or other staff member's approval
- 2 Complete emergency information below
- 3 Sign-in/Sign-out procedure must be followed every visit
- 4 Volunteer badge must be worn at ALL times
- 5 Cell phone policy: must be off or in silent mode

Required by Michigan State Police for Background Check:	
 Valid driver's license/Michigan ID Please circle only one: <u>American Indian</u> <u>Alaskan Native</u> <u>Asian or Pacific Islander</u> <u>Black</u> <u>White</u> 	
Today's Date:	
Name of Volunteer/Chaperone:	
Phone Number:	
Address:	
Anticipated day(s) of the week and time(s) you plan to volunteer, if known:	
Monday Tuesday Wednesday Thursday Friday Time(s):	
In case of emergency, who shall we notify? Name	

I, ______, give permission to East Jackson Community Schools to conduct a background check through the Michigan State Police. I understand that I will be covered under the District's liability policy, but the District cannot provide any type of health insurance to

covered under the District's hability policy, but the District cannot provide any type of health insurance to cover illness or accident incurred while serving as a volunteer, nor am I eligible for workers compensation.

Signature of Volunteer Applicant

Background check was completed/volunteer status granted on: _

Phone number(s):_____

Date

Staff Initials