

Otsego Public Schools
Criminal Record Check & History Affidavit
for Volunteer Service to the District

Print Name: First Middle Last

Other/Former Names: _____

Address: _____

Phone Number: _____ Birth Date: _____ Female
 Male

Driver's License Number: _____

Volunteer Assignment: _____

Building/Department: _____ Length of Service: _____

Effective January 1, 2006 the School Safety legislation (PA 129-131 & PA 138) requires all individuals who are applying for employment at a school in Michigan to have a criminal history check conducted. For the protection of the children in our schools, we are requiring all volunteers to complete the following questionnaire.

CONFIDENTIAL

Please Note: Incidents from 10 - 20 years ago may print on the report.

I **have not** been convicted of or pled guilty or nolo contendere (no contest) to any crimes (misdemeanors or felonies).

I **have** been convicted of or pled guilty or nolo contendere (no contest) to the following crimes. If necessary, use separate sheet to explain nature of conviction, date and court)

The following charges are **pending** against me. (If necessary, use separate sheet to explain nature of conviction, date and court.)

Have you ever been convicted of any of the following crimes: criminal sexual conduct in any degree, assault with intent to commit criminal sexual conduct in any degree, felonious assault on a child, child abuse in any degree, attempt to commit child abuse in any degree, cruelty, torture or indecent exposure involving a child?
 No Yes - Explain below:

Have you ever been convicted of delivering or distributing controlled substances to a minor or to a student on or within 500 feet of school property or of possessing controlled substances on school property in violation of section 7410 of the public health code? [] No [] Yes - Explain below:

AUTHORIZATION & RELEASE: I understand and agree that:

I will abide by all Board policies and administrative guidelines while on duty for the Otsego Public School District, including the Tobacco-Free Schools Act prohibiting the use of tobacco products at all times in all buildings and grounds.

I realize 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 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 any and all hospital and medical charges that may accrue.

I understand that transportation for field trips and extra curricular activities are sometimes provided by volunteers in private cars. The District provides liability coverage for employees but no insurance or liability coverage for the ownership, maintenance, operational expenses, or any injury or damages to people or property that may occur in any manner from the use of non-school vehicles. Drivers under the age of 18 cannot serve as volunteer drivers for school related functions.

I further understand that Michigan law prohibits a school district from employing or allowing to serve as a volunteer, in any capacity, a person convicted of a listed offense. "Listed offenses", as well as other information on this legislation, may be found at the following website: www.michigan.gov. In addition, the law further requires school district to dismiss any employee or volunteer who is listed on the sex offenders' registry. If you have been convicted of a felony other than a listed offense or an offense which requires your name to be listed on the sex offenders' registry, you will be dismissed immediately.

I further release the Otsego Public School District, its Board of Education, individual Board of Education members, employees and agents, and the entities to which the criminal history record information is released, to the maximum extent permitted by law. Also from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

Signature of Volunteer Applicant

Date

Signature of District Witness

Date

PLEASE SEND THIS COMPLETED FORM TO THE SUPERINTENDENT'S OFFICE.