

Volunteer Approval/Review Form

Interview Date: \_\_\_\_\_

VOLUNTEER ASSIGNMENT

**DRIVERS LICENSE REQUIRED**

Last Name\*: \_\_\_\_\_ First Name\*: \_\_\_\_\_ Middle Initial\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

Race (optional): \_\_\_\_\_ Sex\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

Student Name\*: \_\_\_\_\_ Phone Number\*: \_\_\_\_\_

**\*Information MUST be provided in order to serve as a volunteer.**

Interviewed by \_\_\_\_\_ Approved by \_\_\_\_\_

Reason, if not approved \_\_\_\_\_

Assignment(s) \_\_\_\_\_

Supervising professional \_\_\_\_\_

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*Clio Administrator Approval/Review Form – For Office Staff Only*

Building Administrator

Approved to Volunteer \_\_\_\_\_ Not Approved to Volunteer \_\_\_\_\_

Signature of Building Administrator \_\_\_\_\_ Date \_\_\_\_\_

Date forwarded to Business Office \_\_\_\_\_ Copy of Board Policy provided to prospective volunteer \_\_\_\_\_

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Assistant Superintendent

Recommendation

MPSOR \_\_\_\_\_ ICHAT \_\_\_\_\_ OTIS \_\_\_\_\_

Human Resources Recommendation:

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Building/Program Administrator Notified \_\_\_\_\_

\_\_\_\_\_  
Assistant Superintendent

\_\_\_\_\_  
Date

**Volunteer Release Form**

I have offered my services as a volunteer to help the Clio Area School District in the following areas:

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I agree to abide by all relevant Board Policies and administration guidelines 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 worker's 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 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 damages, whatever their nature, which may result as a consequence of my volunteer services.

For the protection of the children of the school, the District is required by law to inquire of its staff members 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.

I have received a copy of Clio Area School Board policy regarding volunteers: \_\_\_\_\_

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Direct Witness

\_\_\_\_\_  
Date