

Pontiac School District

Volunteer Registration Form

Please complete form in its entirety.

I am a: Parent/Guardian Relative Community Member K-12 student in PSD

Contact Information (please print clearly)

Please Circle One: MR. MS. MRS. MISS DR.

Name: _____

LAST

FIRST

MIDDLE

MAIDEN

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Other: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Phone: () _____ Relationship: _____

Areas of Interest & Availability

Please indicate any areas of interest in volunteering and/or dates and times you are available:

Background Information - please complete all sections

Have you ever been convicted of a felony? _____ Yes _____ No

Have you ever been convicted of a misdemeanor? _____ Yes _____ No

If yes, please explain:

NOTE: A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM VOLUNTEERING. THE APPLICANT NEED NOT DISCLOSE ANY INFORMATION REGARDING CRIMINAL ARREST OR CONVICTION RECORDS THAT HAVE BEEN EXPUNGED OR SEALED. MY SIGNATURE ON THIS FORM PROVIDES THE DISTRICT PERMISSION TO COMPLETE A CRIMINAL HISTORY BACKGROUND CHECK AS DEEMED APPROPRIATE. FOR THE PURPOSE OF THIS CRIMINAL HISTORY CHECK, I AM PROVIDING THE FOLLOWING INFORMATION: (This information must be completed)

BIRTHDATE: ____ / ____ / ____

MY RACE/NATIONALITY IS: _____

GENDER: M / F

DRIVER LICENSE #: _____ STATE: _____

I UNDERSTAND THAT AS A VOLUNTEER I WILL BE COVERED UNDER THE DISTRICT'S LIABILITY POLICY AND THAT THE DISTRICT CANNOT PROVIDE HEALTH INSURANCE TO COVER ILLNESS OR INJURY RECEIVED AS A RESULT OF MY VOLUNTEER SERVICE. I ALSO AGREE TO RELEASE THE DISTRICT OF ANY OBLIGATIONS BEYOND THE COVERAGE PROVIDED BY THE DISTRICT'S LIABILITY POLICY SHOULD I BECOME ILL OR RECEIVE AN INJURY AS A RESULT OF MY VOLUNTEER SERVICE.

Volunteer Signature: _____ Date: _____

Received: ____ / ____ / ____ By: _____

Placement: Building Location: _____ Program: _____

Building Principal Signature: _____