# Pontiac School DistrictC:\Users\asmith\Pictures\PSD Logo.png

Volunteer Registration Form

**Please complete the 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.

**LAST FIRST MIDDLE MAIDEN**

## **ADDRESS CITY: STATE: ZIP:**

**HOME PHONE: WORK PHONE: OTHER:**

**EMAIL ADDRESS:**

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

Phone: ( ) Relationship:

**Areas of Interest & Availability**

* If you are volunteering on behalf of a business or agency (e.g. General Motors), list the name below.

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* If you are volunteering for a specific initiative, please list it below. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:

Revised 04/13/21-