



# Pontiac School District

## 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.  
\_\_\_\_\_

- 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: \_\_\_\_\_

**Equal Opportunity Employer:**

The City of Pontiac School District is an Equal Opportunity Employer. Position is subject to City of Pontiac School District policy, rules, and regulations An Equal Opportunity/Affirmative Action Employer It is the policy of the School District of the City of Pontiac that no person shall on the basis of race, religion, color, national origin, sex, age or disability be excluded from participation and be denied the benefits, or be subjected to discrimination under program or activity and in employment, further the School District of the City of Pontiac Board of Education strictly adheres to the provision of Title VI of the Civil Rights Acts of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and all Michigan Department of Education policies and regulations prohibiting discrimination.