

KENT CITY COMMUNITY SCHOOLS

200 Clover Street
Kent City MI 49330

MICHIGAN STATE POLICE CRIMINAL JUSTICE INFORMATION CENTER INTERNET CRIMINAL HISTORY ACCESS TOOL

Criminal Record Search

Please print the following information

Last Name First Name Middle Name

Race: (check one) White Black Asian or Pacific Islander American Indian or Alaskan Native

Sex: _____ Date of Birth: (month, day, year) _____

Maiden Name or Alias Used:

Last Name First Name Middle Name

Last Name First Name Middle Name

Last Name First Name Middle Name

As a prospective employee/volunteer of KENT CITY COMMUNITY SCHOOLS, I understand that it is board policy to secure Conviction Criminal History information as part of their pre-employment/pre-volunteer screening process. I understand that the information above is required by the Central Records Division of the Michigan State Police, Lansing Michigan.

I authorize KENT CITY COMMUNITY SCHOOLS to utilize the above information for the sole purpose of obtaining a Conviction Criminal History Record.

Signature

Date

Office Use Only:

Volunteer Potential Employee Building: _____ Department: _____

Updated 9/9/2009

**KENT CITY COMMUNITY SCHOOLS
VOLUNTEER AGREEMENT**

1. A volunteer is a person from the community who contributes his/her services on a regular or intermittent basis and is approved by a district administrator.
2. Volunteers can be assigned to help the school district teachers, staff and administrators in providing instructional or extracurricular services to students.
3. Volunteers cannot be assigned to relieve teachers and/or administrators of their employed responsibilities, but are intended to support the objectives of the program/activity.
4. Volunteers shall work under the supervision of the designated teacher or administrator.
5. Volunteers must abide by and enforce all school and district policies and regulations, regardless if they personally support them.
6. Volunteers shall not meet with the students outside of the school program hours or off school grounds without prior approval from a district administrator.
7. Volunteers should not deal directly with parent concerns, and should refer all contacts by parents to the teacher or administrator.
8. Volunteers shall not receive remuneration from the district in any form for their services.
9. Only authorized volunteers are covered by the district liability insurance.
10. Volunteers are not covered under workers compensation.
11. Volunteers shall not treat injuries, except in the case of emergency first aid.
12. A volunteer is personally responsible for his/her own actions. Inappropriate conduct may result in the individual being asked to discontinue his or her relationship with the district.
13. A volunteer shall not drive a personal vehicle to transport students. If an exception is necessary, prior approval of the principal is required.
14. A volunteer shall not discipline the students.
15. Confidentiality – Because of your contact with students and staff, you may see or hear a student's personal information or grades. When shared with others, this information can greatly harm the student's or your own reputation. Please keep confidentiality at the forefront in everything you do. If you sense a problem that you feel you need to share, please share it only with the teacher, building principal or appropriate staff.
16. A volunteer serves his/her tenure totally at the discretion of the district administrator.

Pursuant to 1993 Public Act 68, by signing below I represent that I have not been convicted of, or pled guilty or nolo contendere (no contest) to any crimes, not including civil infractions.

By signing below I further assert that I have never plea bargained or been convicted of criminal sexual conduct of any degree, assault with the intent to commit criminal sexual conduct, an attempt to commit criminal sexual conduct in any degree, felonious assault involving a child, child abuse in any degree, or attempt to commit child abuse in any degree, torture, or indecent exposure involving a child; or a violation of Section 7410 or 7416 of the Public Health code.

Lastly, by signing below I signify that I understand that the Board of Education must request a criminal history check on me from the Central Records Division of the Michigan Department of State Police and that until that report is received and reviewed by the District, I am regarded as a conditional volunteer employee; and if the report received is contrary to my representations above, my services will be voided by the District.

Signature

Date

Printed Name