

Galesburg-Augusta Community Schools 1076 North 37th St. Galesburg, MI 49053

Request for Authorization to Volunteer

Galesburg-Augusta Community Schools welcome parental and volunteer support in the educational process of our children. We welcome you to become a part of the different activities that take place in our schools throughout the year. The district appreciates the work of each volunteer for the time and effort provided in assisting with the operation of our school. If you are interested in volunteering your time in any of our schools, please fill out this form and submit it to your child's appropriate school.

Name:		(T: 1)		261H 1 161H
PLEASE PRINT (Last)		(First)		(Middle Initial)
Maiden Name or Names Previously Used:				
Date of Birth:	Gender: Male	_ Female	Race:	-
Address:				
(Street)		(C	ity)	(Zip)
Home Phone:	Cell Phone:		Drivers License Number	·
Have you ever been convicted of a crime?	If yes, please	e explain:		
Are there any felony charges pending against	you?			
BACKGROUND CHECK CONSENT understand that it is the school district screening process for volunteers using the I understand that the above information	procedure to secure contained information provided	onviction criminal above.	history information from the	Michigan State Police as part of its
search. I authorize Galesburg-Augusta criminal history file search from the Ma a volunteer at Galesburg-Augusta Comm	Iichigan State Police. I			
AGREEMENT WITH VOLUNTE Schools in the following sport and				sburg-Augusta Community
I agree to abide by relevant board police under the district's liability insurance reasonable forethought, I am not covere an accident while doing volunteer work accrue.	policy while acting or ed by it's health insuran	n behalf of the sonce policy nor am I	hool district in a reasonable eligible for worker's compen	and prudent manner demonstrating sation. Should I become ill or suffer
I understand further that, as a volunteer provided to employees. I further releas which may result as a consequence of m	e Galesburg-Augusta E			
My signature below authorizes the schinvestigation may include but is not lir release of all of the above types of inf described above and any other informat the district from any liability whatsoeve my application.	mited to information ab formation and I agree to tion the district deems a	oout criminal conv to sign any forms appropriate. I also	ictions and other appropriate requested which will enable release the school district and	sources. I voluntarily consent to the the district to obtain the information I any reference sources contracted by
-	<u>. </u>	Applicant's Signa	ture	
age, national origin	, disability, height, weight	, or any other status of	criminatory practices based on se overed by federal, state or local la ent assistance, employment or in	w be allowed in

student conduct and attendance.

Complaints or inquiries related to discrimination should be forwarded to:

Superintendent of Schools

1076 N. 37th St. Galesburg, MI 49053 269-484-2000