

**DOWAGIAC UNION SCHOOL DISTRICT
BUILDING VOLUNTEERS OR CHAPERONES
RELEASE FORM**



The Dowagiac Union School District recognizes that volunteers perform a vital role in supporting and promoting its educational and extra-curricular activities for the benefit of students, staff and the public welfare. In order to take steps necessary to ensure safety for all students and staff, building volunteers are asked to have a Limited Criminal History background check on file each year. This report will be kept on file in the superintendent's office.

It is the responsibility of the volunteer to work with Local Law Enforcement to clear any items listed on a background check. It shall be the discretion of the building Principal or other designated Administrator to limit the type of volunteering based on information listed on a background check in conjunction with applicable Local and State Laws.

I hereby acknowledge and agree to the following:

1. I have offered my services as a volunteer to help the Dowagiac Union School District.
2. I agree to abide by all relevant Board policies and administrative guidelines while serving as a volunteer for the District. I understand that, although I am covered under the District's liability Insurance policy, I am not covered by its health insurance policy; I am not eligible for worker's compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.
3. I understand further that, as a volunteer, I am not in any manner considered an employee of the district or entitled to any benefits provided to employees. I further release the Board of Education, Individual Board members, it employees and agents from any and all liability for any damages, which may result to me as a consequence of my volunteer services.

At times, I may have care, control or custody of students, other than my own child, out of the direct supervision of a teacher or other school employee and I acknowledge that I am required to demonstrate appropriate decorum, judgment and dress in my capacity as a volunteer.

[Please print legibly]

Name: _____

Signature: _____ Today's Date: _____

CHILD'S NAME _____ SCHOOL: DUHS DMS
 Justus Gage Kincheloe
 Pat Ham Sister Lakes

CHILD'S NAME _____ SCHOOL: DUHS DMS
 Justus Gage Kincheloe
 Pat Ham Sister Lakes

I do not have a child in Dowagiac schools but I wish to volunteer at: _____

For Office Use Only: _____ Approved By: _____
 _____ Conditional By: _____ { Date: _____
 _____ Not Approved By: _____
 _____ Forwarded to: _____ Date: _____

SCHOOL YEAR: _____

To obtain a Limited Criminal History background check, please complete and return this portion to your child's school office or directly to the superintendent's office. The school may request a copy of your driver's license or other form of identification at the time of background request to ensure accuracy. This may be copied and attached to this form or presented in the school office.

Volunteer's Information:
[Please print legibly]

First Name _____ Middle _____ Last _____

Street Address/P.O. Box _____

City, State, Zip Code _____

Name or Other Name Phone Number _____ Maiden

Date of Birth (mm/dd/yy)

Gender: Male
 Female

Race: White
 Black
 Multi-Racial
 American Indian
 Asian/Pacific
 Other