

**DOWAGIAC UNION SCHOOL DISTRICT  
VOLUNTEER 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 ensure that all volunteers have the appropriate credentials and background to serve in that capacity with the District, volunteers are requested to abide by school rules and sign the Volunteer Release Form as a condition of their participation in school-sponsored activities.

I, \_\_\_\_\_, hereby acknowledge and agree as follows:

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.
4. In order to ensure the welfare and safety of children of the school, the District is required by law to conduct a criminal background check of certain members and the District has elected to require that volunteers verify their suitability to perform in that capacity. As a non-staff representative of the District, I support the mission of the Dowagiac Union School District and verify that I have never been convicted of any of the following offenses: criminal sexual conduct in any degree; an attempt to commit criminal sexual conduct in any degree; felonious assault; child abuse in any degree; an attempt to commit child abuse in any degree; cruelty, torture, or indecent exposure involving a child; or any violation involving the sale of drugs to minors or conviction, as an adult, of an act of immoral conduct contributing to the delinquency of a child, or a felony involving moral turpitude.

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.

*For Administrative Use Only*

Building: Sister Lakes Elementary School (2009-10) What capacity: \_\_\_\_\_

Student's Name: \_\_\_\_\_

I give my consent to the Dowagiac Union School District to obtain a criminal history records check to verify that I have never been convicted of any of the above offenses and my signature hereon indicates my consent thereto.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Maiden or Other Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Race

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Street Address/P.O. Box

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number