BERKLEY SCHOOLS VOLUNTEER RELEASE FORM

Thank you for your interest in serving as a volunteer. Please complete this form, print, sign in the space below, and then return it to your child's school or the Administrative Offices located at Stantec (2338 Coolidge Hwy, Berkley) with a copy of a state-issued driver's license or ID. Please allow at least 2 weeks for processing.

I am at least 18 years old and offering my services as a volunteer to help the Berkley School District. Pursuant to BPS Policy 3120.09 and 4120.09, any person who volunteers to work with the District shall be screened through the Sex Offenders Registry (SOR) list, the Internet Criminal History Access Tool (ICHAT) criminal history records check, and the Offender Tracking Information System (OTIS) prior to being allowed to participate in any activity or program. I understand the check is mandatory and agree to provide the following personally identifiable information (please print legibly):

Email Address: _____

Select the building(s) you wish to volunteer: ☐ Angell ☐ Anderson ☐ Berkley High School ☐ Building Blocks

☐ Burton ☐ Norup ☐ Pattengill ☐ Rogers

1. Legal Name: _____
   (First Name, Middle Initial, Last Name)
2. Date of Birth: _____
   (Month, Day, Year)
3. Sex: M ☐ F ☐
4. Driver's License Number and Issuing State: _____
5. City and County of Residence: _____
6. *Race: ☐ American Indian/Alaskan Native, ☐ Asian/Pacific Islander, ☐ Black, ☐ White, ☐ Other/Unknown
   (*These are ICHAT system options – please indicate your best choice)
7. Maiden Name/Names Previously Used: (if applicable): _____
   _____
8. Child's(ren's) Name in Berkley Schools: _____

For the protection of children, the District is required by law to inquire of its volunteers whether or not they have ever been convicted of a crime. **Please respond to the following questions:**

1. Have you ever pled guilty or been convicted of a felony? ☐ Yes ☐ No
   If yes, list date, city and state of offense/felony occurred: _____
   Description of the offense/felony: _____
   _____

2. Have you ever pled guilty or been convicted of a misdemeanor? ☐ Yes ☐ No
   If yes, list date, city and state of offense/misdemeanor occurred: _____
   Description of the offense/misdemeanor: _____
   _____

3. Do you have any charges pending against you or are you the subject of a current criminal investigation? ☐ Yes ☐ No
   If yes, list date, city and state of charge(s) or investigation: _____
   Description of the charge(s) or investigation: _____
   _____

ACCEPTANCE:

a. As a volunteer, I agree to work under the supervision and direction of Berkley School District staff.

b. As a volunteer, I am not in any manner considered an employee of the Berkley School District or entitled to any benefits provided to an employee.

c. I agree to abide by all Berkley School District rules, administrative guidelines and policies while on duty as a volunteer.

d. I agree to complete the Responsibilities of Trip Chaperones form prior to serving as a chaperone for a school trip. Note that Chaperones must be at least 21 years old at the time of the field trip.

e. I understand that although I am covered under Berkley School District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for Workers' Compensation.

f. If I become ill or suffer an injury as a result of volunteer services for the Berkley School District, I release the Berkley School District of any obligation; agreeing that I shall be responsible for any and all hospital and medical charges that may accrue.

g. I release the Berkley School District from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

h. I agree that it is my responsibility to notify the Berkley School District by way of contacting the Director of Schools and Human Resources if the status of my criminal history information changes in any way after the date on this form.

i. I understand that completing this Volunteer Release Form to serve as a volunteer is an annual requirement.

By completing this form and signing below, I agree to all of the above referenced provisions (a – i). I also declare the statements herein are true and authorize the Berkley School District through designated employee(s), to conduct a criminal history file check through ICHAT, OTIS, and SOR as set forth in Berkley School District Board Policy 3120.09 and 4120.09 prior to volunteering or at other times the District deems appropriate. The Berkley School District reserves the right to approve or deny any volunteer service upon review of the background check. **Providing false information, or information contradicting the background check information, is grounds for immediate volunteer denial.**

_____ _____

Printed Name of Volunteer Signature of Volunteer

_____

Date

OFFICE USE ONLY

Results

ICHAT:

OTIS:

SOC:

____Approved ____Denied Date_____ Initials_____