

HARBOR SPRINGS PUBLIC SCHOOLS

2020-21
School Year



Volunteer Release Form

(One form per person covers all students and one name per form.)
You need only submit this form once per school year.

Dear Volunteer,

Thank you for agreeing to volunteer. The safety of students, staff, volunteers, and guests in our buildings is a top priority of HSPS. The Board has developed policies (3120.09, 4120.09 and 8800A Religious Observances and Recognition) to help ensure the safety of all who interact with students and staff. All HSPS employees and volunteers are required to undergo a criminal background check. The HSPS uses the I-Chat (Michigan State Police) system to perform background checks. All information gathered through the background check is confidential.

Please complete the following: (print)

Volunteer as: _____
(Describe Activity)

Building/School: _____

Last Name _____ First Name _____ Middle Initial _____

Maiden Name _____ First Name _____ Middle Initial _____

Other Last Name(s) _____ First Name _____ Middle Initial _____

Date of Birth _____ Gender: M F

Ethnic: White; African American; American Indian or Alaskan Native; Hispanic;
 Asian or Pacific Islander; Other: _____ (please note).

Pursuant to Public Act 68 of 1993, I represent that (check one):

- I have never been convicted or pled guilty or nolo contendere (no contest) to any felonies or crimes related to children.
- I have been convicted of or pled guilty or nolo contendere (no contest) to felonies or crimes related to children. *(Please use other side of this form to explain convictions.)*

If the report received from the State Police is not the same as my representation(s) above, respecting either the absence of any conviction(s) or any crimes of which I have been convicted, I shall not be permitted to volunteer for Harbor Springs Public Schools.

I understand that the Central Records Division of the Michigan State Police, Lansing, Michigan, requires the above information. I authorize Harbor Springs Public Schools to utilize the above information for the sole purpose of obtaining a conviction-only criminal history file search.

I agree to abide by all relevant Board policies and administrative guidelines while on duty 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 nor am I eligible for workers' 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. 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 from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

Signature: _____

Date: _____

***The information provided on this document will remain confidential and be held at the
HSPS Superintendent's Office at:
800 State Road, Harbor Springs, Michigan 49740 | Phone 231.526.4545 | Fax 231.526.4544***