

Volunteer/Chaperone Application and Release Form

Any person who volunteers at Bay City Academy will be screened using the following methods: Sex Offenders Registry, Internet Criminal History Access Tool (ICHAT), the Offender Tracking Information System (OTIS), and the DHS Central Registry, prior to being allowed to participate in any activity or program.

Legal Name: _____

Maiden Name: _____

Other aliases (previous married name, etc.) _____

Date of Birth: _____ Race: _____ Gender: M _____ F _____

Phone Number: _____

Driver's License Number: _____

Student Name (s): _____

For the protection of our students, Bay City Academy is required by law to inquire of its volunteers whether or not they have ever been convicted of a crime related to children. Please indicate on the line below any crime you have ever been convicted of, including felony and misdemeanor charges, that relates to children.

Please list: _____

_____ Check here if you have **never** been convicted of an offense related to children.

ACCEPTANCE:

1. As a volunteer, I work at the discretion of Bay City Academy staff.
2. As a volunteer, I am not in any manner considered an employee of Bay City Academy, nor am I entitled to any benefits provided to an employee.
3. I agree to abide by all Bay City Academy rules, administrative guidelines, and policies while on duty as a volunteer.
4. If I become ill or suffer an injury as a result of volunteer services at Bay City Academy, I release any obligation by the school; agreeing that I will be responsible for any and all hospital and medical charges that may occur.
5. I agree that it is my responsibility to notify the volunteer coordinator if the status of my criminal background history information changes in any way after the date on this form.
6. As a volunteer, I understand that I do not have disciplinary authority and I agree to notify BCA staff if an issue arises with a student.

By completing this form, and signing below, I understand that the checks are mandatory and agree to provide the requested personally identifiable information in printed form; and also to provide a copy of my state issued driver's license or identification card. I agree that all of the information provided by me is true and accurate. I agree to all of the above provisions, and authorize Bay City Academy to conduct a criminal history file check.

Volunteer Signature

Bay City Academy

Date

Volunteer Application 22-23

I am applying as a:

- | | |
|--|--|
| <input type="checkbox"/> Volunteer Coach | <input type="checkbox"/> Classroom Volunteer |
| <input type="checkbox"/> Field Trip Chaperone | <input type="checkbox"/> Popcorn Volunteer |
| <input type="checkbox"/> Special Events/Activities (see below) | <input type="checkbox"/> Field Day |
| <input type="checkbox"/> Other (please list) _____ | |

It is necessary to complete this form one time per school year, as it will be kept on file with the Volunteer Coordinator in a secure location.

Events that take place throughout the year are listed below, please circle the events that interest you. Volunteering does not necessarily mean you have to physically be in the building. For example, there are many times where donated items (candy for Fall Festival or baked goods for bake sales) or time preparing things at your own home, at your convenience, are a huge part from our parent volunteers. There will also be other opportunities posted on the PAC Facebook page when help may be needed, as well.

- | | |
|-------------------------------------|---|
| Lunch Help (On-going) | Fall Festival (October) |
| Popcorn Fridays (Flexible Schedule) | Holiday Concerts (Bake Sale, Decorating) (December) |
| Laminating/Copying (on-going) | Spring Dances |
| Grand friend's Day (November) | Art Expo/Basket Raffle (May) |
| Veteran's Day (November) | Fun Fair (May) |

For Coordinator Use Only

DHS Clearance Mailed: _____ ICHAT Completed: _____

OTIS Search Completed: _____ Sex Offenders Search: _____

Referred to building leader: Yes No

Leader: _____ Date: _____

Volunteer Coordinator Signature: _____

Field Trip Guidelines for Chaperones

1. Adequate supervision of students will be provided at all times.
2. Bay City Academy staff is the ultimate authority while on the trip.
3. The teacher will review acceptable standards of conduct with the students in advance of the trip. The teacher has the primary responsibility for the conduct of the children. Student discipline issues should be referred to the staff member in charge.
4. In an emergency situation, a 9-1-1 call will be made, if necessary, by the supervising adult, with an immediate follow up to a BCA staff member in charge. The call should be made prior to contacting anyone else. BCA staff will be responsible for contacting the building leader(s) and parents.
5. During overnight or extended trips, chaperones may not leave the facility or field trip destination without permission from an administrator/teacher/staff member.
6. Consumption of alcohol, use of tobacco, electronic cigarettes of any type, or any other illicit drug by anyone during a field trip is strictly prohibited.
7. Students will not be permitted to leave the field trip group unless parents make prior arrangements with the staff.
8. Chaperones must adhere to the field trip schedule.
9. Chaperones may be required to supervise children other than their own during the trip.
10. There may be a limit to the number of chaperones permitted on each trip. Seating on buses is limited, and chaperones may need to provide their own transportation or carpool with other chaperones.
11. Chaperones/volunteers must complete all paperwork at least 21 days prior to the field trip. Only chaperones/volunteers with completed paperwork on file will be able to attend field trips.

By signing below, I agree that I have read, understand, and will follow the chaperone guidelines.

Chaperone Printed Name

Signature

Student(s) Name

Date

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

Copy Photo ID Here

or

Attach a Separate Page

SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared		Date
Also Known as Name (AKA)	Social Security Number		Date of Birth
Address	City	State	Zip Code
Phone Number	Email		
I am completing this for myself. I would like to pick up my results in		County (For Michigan Residents Only).	

SECTION 2 REQUESTER INFORMATION

Check Appropriate Box			
Employer	Volunteer Agency	Adoption/Foster Care Home Screening	Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney
Other			
Name of Agency or Organization	Name of Requester		
Address	City	State	Zip Code
Email	Fax	Phone Number	