

If you anticipate chaperoning or volunteering at any time throughout the school year, this form **MUST** be completed and returned at least 2 weeks prior.

This is mandatory for the safety and security of our students and staff within the building, and everyone must complete a new form each school year.

If you have any questions, please reach out.

Jessica Stark  
School & Family Liaison  
(989) 225-5160



## 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

\_\_\_\_\_  
Date

I am applying as a:

_____ Volunteer Coach	_____ Classroom Volunteer
_____ Field Trip Chaperone	_____ Popcorn Volunteer
_____ Special Events/Activities (see below)	_____ Field Day
_____ 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)

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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

\_\_\_\_\_  
Student(s) Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services  
(Revised 5-23)

**COPY PHOTO ID HERE**  
**OR**  
**ATTACH A SEPARATE PAGE**

## SECTION 1 – INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)

Maiden Name, Aliases, also known as (A.K.A)

Social Security Number

Date of Birth

Address

City

State

Zip Code

Phone Number

Email

☐ I would like to pick up my results in \_\_\_\_\_ County (For Michigan Residents Only).

Signature Required for Individual Being Cleared

Date

## SECTION 2 – REQUESTER INFORMATION

Check Appropriate Box

☐ Employer

☐ Volunteer Agency

☐ Out-of-State Child Caring Institution

☐ Out-of-State Adoption/Foster Care Home Screening

☐ Michigan Court/Law Enforcement/Department of Corrections/Prosecuting Attorney

☐ Individual Self-Request

Name of Agency or Organization

Name of Requester

Address

City

State

Zip Code

Email

Fax

Phone Number

Effective November 1, 2022, only confirmed cases of methamphetamine production, confirmed serious abuse or neglect, confirmed sexual abuse, or confirmed sexual exploitation will be classified as a central registry case in Michigan. Individuals may have child welfare history that previously resulted in central registry placement, but that would no longer meet the criteria. In addition, select criminal convictions involving children will result in placement on central registry.

This clearance does not identify individuals with child abuse/neglect history who did not meet the new central registry requirements as noted above or history in other states, territories, or tribal trust land.

With your signature, you are authorizing agencies to receive notice of all placements on central registry as allowable by Child Protection Law (MCL 722.627-722.627j).

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.