Summerfield Schools

17555 Ida West Road
Petersburg, Michigan 49270
Phone: (734) 279-1035 - Fax: (734) 279-1448

John S. Hewitt
Superintendent/Principal
(734) 279-1012 ext. 126

Joshua P. Dyer, CPA, MBA
Business Manager
(734) 279-1035 ext. 127

VOLUNTEER RELEASE FORM

I, _____, have offered my services as a volunteer to help the Summerfield School District in the following program and location:

Program: _____ Location: ____Summerfield Elementary_____

Start Date: _____July 2018_____ End Date: _____June 2019_____

Volunteer Activities: _____

Home Room Teacher/Advisor (if applicable) _____

Supervisor Signature: _____

I agree to abide by all relevant Board policies and administrative guidelines while volunteering for the District. I under-stand 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.

The District is required by law to inquire whether or not you have been convicted of a crime, including, but not limited to, crimes related to or involving children.

Volunteer Signature: _____

Have you ever been convicted of a felony or misdemeanor? ◯ Yes ◯ No

If yes, please explain: _____

BY SIGNING BELOW, I AGREE TO A MICHIGAN STATE POLICE CRIMINAL RECORD SEARCH (Must complete all information)

First Name: _____ M.I. _____ Last Name: _____

Other/Maiden Name_____Date of Birth: _____

Race: _____ Sex: Male ◯ Female ◯

Phone # _____ Driver's/State ID # _____

VOLUNTEER SIGNATURE: _____

Approved: _____ **Date:** _____
Supervisor Notified by _____ **Date:** _____

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VOLUNTEER RELEASE FORM

I, _____, have offered my services as a volunteer to help the Summerfield School District in the following program and location:

Program: _____ Location: _____Jr./Sr. High School_____

Start Date: _____July 2018_____ End Date: _____June 2019_____

Volunteer Activities: _____

Home Room Teacher/Advisor (if applicable) _____

Supervisor Signature: _____

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Supervisor Notified by _____ **Date:** _____