

Summerfield Schools

Home of the Bulldogs

2023-2024 VOLUNTEER RELEASE FORM



Scott Salow
Superintendent

Jodi Bucher
Elementary Principal

Camryn Klocinski
Jr./Sr. High Principal

Joshua P. Dyer
Business Manager

Kelly Kalb
Athletic Director



Jr./Sr. High School

17555 Ida West Road
Petersburg, Michigan 49270

Phone: 734-279-1012
Fax: 734-279-1018

Elementary School

232 E Elm St
Petersburg, Michigan 49270

Phone: 734-279-1013
Fax: 734-279-1017

I, _____, have offered my services as a volunteer to help the Summerfield School District in the following program(s) and/or location(s): (check all that apply)

- Elementary School – Teacher: _____
- Jr./Sr. High School – Teacher: _____
- Preschool – Teacher: _____
- Athletics – Sport: _____
- Community Rec – Sport/Activity: _____

I agree to abide by all relevant Board policies and administrative guidelines while volunteering 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.

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: _____ Driver's License/State ID #: _____

Phone Number: _____ Sex: Male Female

VOLUNTEER SIGNATURE: _____

Approved: _____ Date: _____

Supervisor Notified by: _____ Date: _____