



# Summerfield Schools

## 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 2021 \_\_\_\_\_ End Date: \_\_\_\_\_ June 2022 \_\_\_\_\_ (Only one form is needed per/year)

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 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: \_\_\_\_\_ Sex: Male  Female

Phone # \_\_\_\_\_ Driver's/State ID # \_\_\_\_\_

**VOLUNTEER SIGNATURE:** \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Notified by \_\_\_\_\_ Date: \_\_\_\_\_