



**Volunteer Placement  
&  
Background Check Form**

*As a prospective volunteer for the Dexter Community School District, I understand that it is the school district's policy to secure criminal history information as part of the volunteer screening process. All information you provide is treated confidentially and used only for the purpose of securing background check information. This form must be completed and turned in along with a copy of your Driver's License **BEFORE** your volunteer assignment begins.*

**\*\*PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE TO THIS FORM\*\***

Please Print All Information (*must be legible*)

Full Legal Name: \_\_\_\_\_  
*First Name*
*Middle Initial*
*Last Name*

Previous/Maiden Last Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Daytime Phone# \_\_\_\_\_ Email Address: \_\_\_\_\_

Race: \_\_\_\_ American Indian/Alaskan Native \_\_\_\_ Asian/Pacific Islander \_\_\_\_ Black \_\_\_\_ White \_\_\_\_ Other/Unknown  
*(Race/Ethnicity categories are defined by the U.S. Government. This information is necessary in order to complete a background check. Please choose one of the above.)*

Volunteer Assignment: \_\_\_\_\_ Beginning Date \_\_\_\_\_

Name of staff member/activity leader for your assignment: \_\_\_\_\_

Building or Department in which you will be volunteering: \_\_\_\_ Anchor \_\_\_\_ Beacon \_\_\_\_ Wylie \_\_\_\_ Creekside  
 \_\_\_\_ Mill Creek \_\_\_\_ DHS \_\_\_\_ Jenkins \_\_\_\_ Athletics \_\_\_\_ Community Ed \_\_\_\_ Other \_\_\_\_\_

Will you be volunteering more than once in this school year: (*If you choose yes, your background check information may be run more than once*) \_\_\_\_ YES \_\_\_\_ NO

Have you pled no contest to, or been convicted of, a misdemeanor/felony or are there misdemeanor/felony charges currently pending against you? \_\_\_\_ YES \_\_\_\_ NO

If YES, please describe the nature of the offense(s) including dates: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*I understand my services to the Dexter Community Schools are strictly on a volunteer and as-needed basis. I acknowledge that my volunteer services can be discontinued or terminated by the Dexter Community Schools at any time. I agree to handle my volunteer services in good faith and represent the Dexter Community Schools in a positive manner by acting professionally and appropriately at all times. I agree to abide by all rules and policies of the Dexter Community Schools and acknowledge that Dexter Community Schools does not provide insurance coverage for the volunteer for any loss, injuries, illness or death resulting from the volunteer's unpaid service to the School District. By signing this form, I waive any claims and release the District of any obligation should I become ill or receive an injury as a result of my volunteer services. In addition, by signing this form I hereby give consent and acknowledge that the Dexter Community Schools may conduct a criminal history check at any time through the Criminal Records Division of the Michigan Department of State Police and/or the FBI or any other resource in regards to my volunteer assignment with the district.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Office Use Only:*

I-Chat Date(s): \_\_\_\_\_ Approval: \_\_\_\_\_