VOLUNTEER APPLICATIONS ACCEPTED
August 15-September 30, 2022

Volunteer Application

Blissfield Elementary School

Full Name _____ Male or Female
First Middle Last

Maiden Name(s) _____

Birth Date _____ Email _____
(Required for background check)

Home Phone _____ Cell Phone _____

Home Address _____ City _____ State ___ Zip _____

Your Child's Name: _____ Their Teacher: _____

In Case of Emergency Contact _____
First Last Phone

Military Service: Yes or No (circle one)

Branch _____ Date Served _____

Have you ever been convicted of a felony or misdemeanor (Including traffic)
Yes or No
If you circled YES please explain (this may exclude you from volunteering)

_____

_____

_____

_____

I understand that:
1. The Information I provided may be used to conduct a background check. This may include driving records, criminal records, and other records that are required by local, state or federal law for volunteers working with youth.
2. There are times when photographs are taken at events. I give my permission to Blissfield Community Schools to use my photograph and name for publicity purposes.
3.I understand that falsifying information on this form will result In being excluded from volunteering at Blissfield Community Schools.
4. I understand that because of the number of parents In the elementary school I may not be called.

_____ _____
(Volunteer Signature) (Date)

OVER

R1·088A (02/2017)
MICHIGAN STATE POLICE
Criminal Justice Information Center

AUTHORITY: MCL28.242
COMPLIANCE: Voluntary; however, failure to complete this Agreement will result In denial of request

MICHIGAN WAIVER AGREEMENT AND STATEMENT FOR SCHOOLS

An Individual Applicant's Request for a Fingerprint-Based Criminal History Record Information (CHRI) Background Check Result for a Qualified Entity in Accordance with the Michigan School Volunteer & Employee Criminal History Program

Pursuant to the National Child Protection Act (NCPA) of 1993, as amended by the Volunteers for Children Act (VCA), this form should be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity (i.e. school or management company) under these laws.

I hereby authorize (**enter name of Qualified Entity**) _____ to receive the results of my state and federal fingerprint-based CHRI background check result for the purpose of evaluating and determining my fitness to have responsibility for the safety and well-being of children or individuals with disabilities. Prior to submitting my fingerprints to the Michigan State Police to conduct a CHRI background check, I will complete, sign, and return this form and a Livescan Fingerprint Background Check Request form (RI-030). I understand the Qualified Entity will retain all required documentation for a period of time no less than prescribed by state or federal laws. By signing this Michigan Waiver Agreement and Statement, it is my intent to authorize the dissemination of any state and national CHRI that may pertain to me to the Qualified Entity with which I am, or am seeking to be, employed or to serve as a volunteer, pursuant to the NCPA VCA.

I understand that until the criminal history background check is completed, the Qualified Entity may choose to deny me unsupervised access to children or individuals with disabilities. I further understand that upon request the Qualified Entity will provide me a copy of the CHRI background results, if any, and that I am entitled to challenge the accuracy and completeness of any information contained in such results. I may obtain a prompt determination as to the validity of my challenge before the Qualified Entity makes a final decision about my status; as an employee, volunteer, contractor, or subcontractor.

Printed/Typed Name			Date of Birth
Address	City	State	ZIP Code
What is your current or prospective status (check **one**)? ☐ Employee ☐ Volunteer ☐ Contractor/Vendor			
Have you ever been convicted of a crime? ☐ Yes ☐ No			
If yes, please provide a description of the crime and the particulars of the conviction.			
I understand that I may be asked to assist with obtaining any and all official disposition documentation regarding my conviction.			
If you are an employee, prospective employee, or a volunteer of a public school academy, do you authorize release of your CHRI results to another qualified entity (i.e. school or management company) for a like purpose? If yes, indicate the name of the other qualified entity below. ☐ Yes ☐ No			
Name of Other Qualified Entity			
Signature			Date Signed

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY