

VOICE

Volunteers Organized to Improve Children's Education
Volunteer Registration Form
2016-17

All areas of this form and the background check form must be filled out, signed and turned in *before you begin volunteering.*

Last Name (please print) First Name

Address City Zip Phone

Email: _____

Teacher or grade preferred: _____

Subject or Activity Preferred: _____

Prior arrangements have been made through the classroom teacher.

Teacher's Name

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday

To insure our student's safety the attached form allowing the district to conduct a criminal history background check through the Central Records Division of the Michigan State Police as part of our volunteer screening process must be filled out completely.

How did you learn about the VOICE Program? _____

Confidentiality - As a school volunteer I agree to hold information pertaining specifically to the children, classroom and office in strict confidence.

Signature _____

Date _____



ALLEN PARK PUBLIC SCHOOLS

Arno Elementary School
Allen Park Middle School

Bennie Elementary School
Allen Park High School

Lindemann Elementary School
Allen Park Community School

CONSENT TO OBTAIN PERSONAL INFORMATION FORM

Please complete one form per adult. You must have a license check before you are able to volunteer or assist in the classroom, attend field trips, or any other school activity. If you are an employee of the Allen Park Public Schools, you have already undergone a thorough background check.

As a prospective volunteer of the Allen Park Public Schools, I understand that it is this agency's policy to secure conviction criminal history information as a part of the volunteer screening process using the information provided below. I understand the information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan. I authorize the Allen Park Public Schools to utilize the information below for the sole purpose of obtaining a conviction only criminal history file search.

Signature of Prospective Volunteer

Date

Name (Last) _____ First _____ Middle _____

Other Names _____
Maiden name or all other names by which I am, or ever have been known.

Date of Birth ____/____/____ Gender: F M Race _____
Month Day Year Please circle

Address: _____ Phone Number: _____

I request that I serve as a volunteer in the following capacity (please check all that apply):

VOICE Volunteer Assisting in the classroom Field Trip Student Activity

Other: _____

Please indicate the appropriate school or program where you will volunteer:

___ Arno ___ Bennie ___ Lindemann ___ Middle School ___ High School ___ Community School ___ Preschool

___ I am the parent/legal guardian of:

___ I am the (please circle) grandparent, aunt, uncle, friend, or other: _____

Children's Names	School Attending	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

Office Use Only:

Individual is ___ approved ___ not approved to volunteer. _____

This authorization is valid to 6/30/_____

Signature of Individual Performing the Check _____