

## Genesee School District Volunteer Information Form

Date Received \_\_\_\_\_ Received By \_\_\_\_\_ Date Sent for Review \_\_\_\_\_

Only one form needs to be completed by a volunteer each school year, and must be filled out at least one (1) week before volunteering. Turn the form into any school office, scan and e-mail to [dwilcox@geneseeschools.org](mailto:dwilcox@geneseeschools.org) or fax to 810 591 1646. Please print clearly in ink.

Name: \_\_\_\_\_  
Last First Middle Maiden Other last name

Address \_\_\_\_\_  
Street City State Zip Code

Birth Date \_\_\_\_\_ Phone Number \_\_\_\_\_  
Month Day Year Area Code Number

Race (check all that apply)  African-American  American Indian/Pacific Islander  Alaskan Native  
 Asian  Hispanic  White  Unknown  Other \_\_\_\_\_

Are you now or have you ever been a school volunteer at Genesee?  Yes  No Years? \_\_\_\_\_

I wish to volunteer in relationship to:

Child

Child's Teacher

\_\_\_\_\_  
 \_\_\_\_\_

Relationship to child/children \_\_\_\_\_

Criminal Conviction Information: Have you ever been convicted of a felony?  Yes  No If Yes, list all offenses:  
Offense Date Location

\_\_\_\_\_  
 \_\_\_\_\_

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

For School Use Only

General description of assignment(s):

Supervising students on a field trip  Mentor  
 Assisting with classroom/academic programs  Other \_\_\_\_\_

ICHAT Criminal History List checked by \_\_\_\_\_ on \_\_\_\_\_ (mandatory)

Sex Offender Registry Database checked by \_\_\_\_\_ on \_\_\_\_\_ (mandatory)

Will the individual be working over a long period of time in direct contact with students where no staff member is continuously present or in other situations where a finger print criminal history records check would be prudent?  Yes  No

Signature of reviewer \_\_\_\_\_ Date \_\_\_\_\_

Approved  Yes  No \_\_\_\_\_  
Principal Signature Date

Conditions to approval/notes: \_\_\_\_\_

Added to Volunteer List by \_\_\_\_\_ Date: \_\_\_\_\_ Date Notified: \_\_\_\_\_