(*Copy on Pink*)

CONVICTION DISCLOSURE FORM
VOLUNTEERS – CLASS I
[VOLUNTEER COACHES AND VOLUNTEERS WORKING WITH STUDENTS]

Volunteer must present a receipt showing that fingerprints have been done <u>BEFORE</u> interacting with students.

CLAWSON PUBLIC SCHOOLS **626 Phillips Avenue, Clawson MI 48017** **Phone: (248) 655-4400 Fax: (248) 655-4422** **Web Site: www.clawson.k12.mi.us**	**SCHOOL:**_____ **<u>ALL</u> INFORMATION IS REQUIRED:** ▼▼▼▼▼▼▼▼

(Copy of driver's license must be attached)

NAME: _____ _____ _____ _____
(Last) *(First)* *(Middle)* *(Maiden)*

Date of Birth: _____ **Social Security No.:** _____

Driver's License Number: _____ **Position:** _____

Pursuant to Public Act 138 of 2005, I represent that (*check one*):

- ❑ I have NOT been convicted of, pled guilty, or no contest or am the subject of a finding of guilt by a judge or jury of any crime.
- ❑ I HAVE BEEN convicted of, or pled guilty, or no contest or am the subject of a finding of guilt by a judge or jury for the following crimes: *(*explain the criminal offense, date, court, city/state, and circumstances surrounding the conviction)*:

Misdemeanor: _____ Felony: _____

VOLUNTEER CERTIFICATION

I agree to abide by all relevant Board policies and administrative guidelines while on duty 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.

I certify that the answers and information given by me in this application are true and complete without qualification and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand and agree that if any statement made by me on this application is false, misleading or a material omission, it will prevent me from volunteering and will be grounds for my immediate dismissal regardless of when discovered by the Clawson Public Schools.

I authorize the Clawson Public Schools to make any investigation into my background deemed necessary. I authorize law enforcement organizations to give the District any information they have regarding me without providing me with notice of the same. Such information may include criminal convictions, driving records, Child Protective Service information, other information pertaining to child neglect or abuse, and any information that may be relevant.

Signature: _____ **Date:** _____

The Board of Education of the Clawson Public Schools complies with all federal and state laws and regulations prohibiting discrimination and with all requirements and regulations of the United States Department of Education and the State of Michigan Department of Education. It is the policy of the Clawson Public Schools Board of Education that no person on the basis of sex, race, color, religion, national origin or ancestry, age, marital status or handicap shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in any program, employment practice, or activity for which it is responsible or for which it receives financial assistance from the United States Department of Education or the State of Michigan Department of Education.