



Detroit Academy of Arts & Sciences – Jefferson Campus
2985 E. Jefferson Avenue, Detroit, MI 48207
(313) 259-1744 • (313) 393-0460 FAX
www.daask12.com
Maurice G. Morton, CEO

Board of Directors

*Ms. S.
Weatherspoon,
Board President*

*Mr. C. Wilson,
Vice President*

*Dr. R. Eadie,
Member at Large*

*Mrs. W. Mosley,
Member at Large*

*Mr. W. Burrell
Member at Large*

Dear Volunteer,

Parent and community involvement is essential to the successful education of our children. Volunteering for our schools not only helps the students and staff, but more importantly shows the children that they are important to us, and so is their education. We appreciate the important way our volunteers help us and encourage you to become a part of our volunteer team.

Keeping our children safe is also important. Therefore, the school requires that all volunteers have an approved background check on file. The process is simple and straight forward. You must fill out the form entitled Detroit Academy of Arts and Sciences School Volunteer and Criminal Background Check Request Form. You must also have current picture identification on file.

Again, if you would like to help in the classroom, in the buildings, or on field trips, you must fill out a volunteer form before volunteering. Volunteer forms are available in the Human Resource Office, and are also available on the DAAS website at www.daask12.com.

Thank you for your continued support!

Sincerely,

Jeramecka Harris

Jeramecka Harris
Human Resource Director

Detroit Academy of Arts and Sciences
Volunteer And Criminal Background Check Request Form

2985 E. Jefferson Ave.
Detroit, MI 48207
(313)259-1744 EXT. 1444 Fax (313) 393-0460

Detroit Academy of Arts and Sciences encourages parent/guardian participation and community involvement. In an effort to ensure student safety and adhere to state law, a criminal background check must be completed on everyone who works with and around our children.

Please provide the following information and PLEASE PRINT CLEARLY:

Name: _____ Date of Birth: _____

Address: _____

City, State, Zip: _____ Contact # _____

Gender (please circle) Male Female

Building (s) you would like to volunteer at: _____

If you have children in the district, please indicate name(s) and grade(s) below:

Student Name: _____ Grade: _____ Building: _____

Student Name: _____ Grade: _____ Building: _____

Student Name: _____ Grade: _____ Building: _____

List below any arrest and/or traffic violations (do not include parking tickets):

Permission is hereby granted for a law enforcement records check to be performed. The undersigned waives all right of privacy regarding criminal history information, understanding that all records are kept confidential.

Applicant's Signature

Date

Detroit Academy of Arts and Sciences Conditional Volunteer Form

I understand that I have been conditionally offered a position as a volunteer by the Detroit Academy of Arts and Sciences, subject to a criminal history check and/or fingerprinting. I understand that the Michigan State Police, Lansing, MI requires the information below, for the criminal conviction history check. I authorize the Detroit Academy of Arts and Sciences to utilize this information for the sole purpose of obtaining a conviction-only history file search.

NAME: _____
Last First Middle

Name(s) Maiden/name previously used if any: _____

Birth date: _____ Race: _____ Sex: _____

Drivers License Number: _____

Check one of the following:

- I have not been convicted of, or plead guilty or nolo contendere (no contest) to any crimes.
- I have been convicted of, or plead guilty or nolo contendere (no contest)

To the volunteer:

The board of directors recognizes that certain programs and activities can be enhanced through the use of volunteers who have particular knowledge or skills that will be helpful to members of the support staff responsible for the conduct of those programs and activities.

You agree to abide by all board policies and school guidelines while on duty as a volunteer including signing, if appropriate, the school's network and internet access agreement forms.

You understand that the school has no obligations should the volunteer become ill or receive an injury as a result of his or her volunteer services.

Volunteer Signature

Date

Board policies 4120.09