

DETROIT ACADEMY OF ARTS AND SCIENCES

VOLUNTEER FORM

Thank you for your interest in serving as a volunteer. Please complete this form, print, sign in the space below, and then return it to your child's teacher or school with a copy of a state-issued driver's license or ID.

I am at least 18 years old and offering my services as a volunteer to help the Detroit Academy of Arts and Sciences School district. Pursuant to Detroit Academy of Arts and Sciences Board Policy 4120.09, any person who volunteers to work with the District shall be screened through the Sex Offenders Registry (SOR) list, the Internet Criminal History Access Tool (ICHAT) criminal history records check, and the Offender Tracking Information System (OTIS) prior to being allowed to participate in any activity or program. I understand the check is mandatory and agree to provide the following personally identifiable information (please print legibly):

Email Address: _____ Phone number _____

Legal Name: _____
(First Name, Middle Initial, Last Name)

Date of Birth: _____ Sex: M _____ F _____ (Month, Day, Year)

Driver's License Number and Issuing State or State ID: _____

City and County of Residence: _____

Race: American Indian Asian Black White Other/Unknown

Maiden Name/Names Previously Used: (if applicable): _____

Name and grade of child(ren) attending Detroit Academy of Arts and Sciences:

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Student Name: _____ Grade _____

Student Name: _____ Grade _____

For the protection of children, the District is required by law to inquire of its volunteers whether or not they have ever been convicted of a crime. **Please respond to the following questions:**

1. Have you ever pled guilty or been convicted of a felony? Yes No
If yes, list date, city and state of offense/felony occurred: _____
Description of the offense/felony: _____
2. Have you ever pled guilty or been convicted of a misdemeanor? Yes No
If yes, list date, city and state of offense/misdemeanor occurred: _____
Description of the offense/misdemeanor: _____
3. Do you have any charges pending against you or are you the subject of a current criminal investigation?
 Yes No
If yes, list date, city and state of charge(s) or investigation _____
Description of the charge(s) or investigation: _____

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ACCEPTANCE:

- a. As a volunteer, I agree to work under the supervision and direction of Detroit Academy of Arts and Science staff.
- b. As a volunteer, I am not in any manner considered an employee of the Detroit Academy of Arts and Science or entitled to any benefits provided to an employee.
- c. I agree to abide by all Detroit Academy of Arts and Science rules, administrative guidelines and policies while on duty as a volunteer.
- d. I agree to complete the Responsibilities of Trip Chaperones form prior to serving as a chaperone for a school trip.
- e. Note that Chaperones must be at least 21 years old at the time of the field trip.
- f. I understand that I am not covered by the Detroit Academy of Arts and Science health insurance policy nor am I eligible for Workers' Compensation.
- g. If I become ill or suffer an injury as a result of volunteer services for the Detroit Academy of Arts and Science, I release the Detroit Academy of Arts and Science of any obligation; agreeing that I shall be responsible for any and all hospital and medical charges that may accrue.
- h. I release the Detroit Academy of Arts and Science from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.
- i. I agree that it is my responsibility to notify the Detroit Academy of Arts and Science by way of contacting the school Principal and Human Resources if the status of my criminal history information changes in any way after the date on this form.
- j. I understand that completing this Volunteer Release Form to serve as a volunteer is an annual requirement.

By completing this form and signing below, I agree to all of the above referenced provisions (a - i). I also declare the statements herein are true and authorize the Detroit Academy of Arts and Science through designated employee(s), to conduct a criminal history file check through ICHAT, OTIS, and SOR as set forth in Detroit Academy of Arts and Science Board Policy 4120.09 prior to volunteering or at other times the District deems appropriate. The Detroit Academy of Arts and Science reserves the right to approve or deny any volunteer service upon review of the background check. **Providing false information, or information contradicting the background check information, is grounds for immediate volunteer denial.**

Printed Name of Volunteer

Signature of Volunteer

Date

.....
OFFICE USE ONLY

ICHAT:

OTIS:

SOC:

____ Approved

____ Denied

Initials _____

Date _____