Detroit Public Schools OFFICE OF PARENT & COMMUNITY END VOLUNTEER APPLICAT 2013-2014	Identification (personal):
Name:Last First	Middle
Address:	
Previous address?	
Phone: Home: ()	
Sex: M G F Occupation:	
In case of emergency notify: Name:	
Relationship:	Phone:
Circle highest level of school completed: School: 8 th or below 9th 10 th 11 th 12 th College: Some College 1 2 3 4 Advance Degrees: Location preferences: Please identify where you would prefer to volt	
Please identify how you learned about volunteer opportunities with Newspaper Employer Self-inquiry Friend List previous volunteer experience:	/FamilySchoolAlumniOther
<u>All applicants must complete this section and have a valid ID</u> : Driver's License or State ID #:	Date of Birth: Month Day Year
Have you ever been convicted of a felony? Yes No If Yes	s, please specify nature:
Have you ever been convicted of child neglect or abuse? Yes	No If Yes, please specify nature:
Other than the above, are there any facts or circumstances involving you entrusted with the supervision, guidance and care of young people?	or your background that will call into question you being YesNo If Yes, please explain:
Have you ever lived in another state other than Michigan? Yes	No If yes, where?
Disclosure Statement: I hereby authorize and consent to Detroit Public Schools I background check of me that Detroit Public Schools District, in its sole discretion	

background check of me that Detroit Public Schools District, in its sole discretion, deems appropriate to determine my fitness to serve as a volunteer. I understand the inquiry may include computer database searches, interviews with people acquainted with me, employers, and references or fingerprinting. I understand the information will be kept confidential to the extent permitted by law, but that Detroit Public Schools District, as a public entity, is subject to the State Freedom of Information Act (FOIA), as amended by 1996 PA 553 and the exemptions provided there under, as amended. I release and hold harmless Detroit Public Schools District, its agents and employees, and all references or other sources of information from any and all liability in obtaining or providing such information about me. I agree that if Detroit Public Schools District determines, in its sole discretion, that I have provided false or incomplete information in response to the above questions, or the District decides, with or without cause, not to approve or retain me as a volunteer for whatever reason, Detroit Public Schools District may, without notice or other process, reject my application to serve as a volunteer.

Signature: ____



DETROIT PUBLIC SCHOOLS OFFICE OF PARENT & COMMUNITY ENGAGEMENT VOLUNTEER APPLICATION – Page 2 of 2

Volunteer's Name:		Date:		
Indicate below, with a c	heck ($$), area(s)	of volunteer interest you and	your principal hav	ve agreed on:
LOCAL SCHOO Beautificatio Career Day S Clerical Wor Booster Club	n Speaker k	 Outreach to Parents & Community Field Day Volunteer Front Office Helper Media Center Resource Room 	&	Trip Chaperone Telephone Volunteer Other
Circle days and times y M T W TH F S	ou are available . ^{Jat}	Morning	Afternoon	Evening
Public Speaking (Speaking) cify Subjects)	Dly Clerical		Art
Business Corps please	contact (313) 870-379 ontact (313) 748-600	s Administrator 313- 873-1302 or 99 or e-mail: <u>businesscorps@de</u> 08 or e-mail: <u>bernard.spragner</u> uired to pass a criminal backgro	troitk12.org r@detroitk12.org	detroitk12.org.
understanding of the volu Signature:	inteer activity neede	ement of agreement: I have me d and would like them to volum	nteer with this schoo Date:	ol/department.
For information call:	Office of Parent & 3011 W. Grand Bl Detroit, Michigan	Community Engagement vd., Ste.601-A 48202		
	313-873-7490 offic Email address: par	ce 313-873-7446 fax rent.engagement@detroitk12.0	rg	