



# NILES

COMMUNITY SCHOOLS

One Tyler Street  
Niles, Michigan 49120



269.683.6662  
269.684.9532



nilesschools.org



## VOLUNTEER LIMITED BACKGROUND/CRIMINAL HISTORY CHECK FOR 2022/23

*Please complete one form per volunteer per family every school year*

1. A volunteer is a person from the community who contributes his/her services on a regular or intermittent basis and is approved by a district administrator.
2. Volunteers can be assigned to help the teachers and administrators in providing instructional or extracurricular services to students.
3. Volunteers cannot be assigned to relieve teachers and/or administrators of their employed responsibilities but are intended to support the objectives of the program/activity.
4. Volunteers will work under the supervision of the designated teacher or administrator and will only work within the scope of the agreed upon work.
5. Volunteers should not meet with the students outside of school program hours or off school grounds without prior approval from a district administrator.
6. Volunteers should not discipline students.
7. Volunteers should not deal directly with parent concerns and should refer all contacts by parents to the teacher or administrator.
8. Volunteers should not perform tasks that they are physically unable to perform or lack the experience or skills needed.
9. Volunteers should not treat injuries, except in the case of emergency first-aid.
10. Volunteers are personally responsible for his/her actions. Inappropriate conduct may result in the individual being asked to discontinue his or her relationship with the district.
11. Volunteers should not drive a personal vehicle to transport students without prior District approval. A Request for Transportation by Private Vehicle form must be completed for approval.
12. Volunteers serve, and his/her tenure is at the discretion of the district administrator.
13. Volunteers cannot volunteer until background check is complete and e-mail confirmation sent.

❖ I agree to abide by all relevant Board policies and administrative guidelines located on the Niles Community Schools website ([www.nilesschools.org](http://www.nilesschools.org)) 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.

❖ For the protection of the children in the school, the District is required by law to inquire of its staff members whether or not they have ever been convicted of a crime related to children. We would appreciate your cooperation by indicating that you have never been convicted of any of the following offenses: aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, aggravated menacing, abuse or neglect of a child, kidnapping, abduction, child stealing, criminal child enticement, rape, sexual battery, corruption of a minor, gross sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually-oriented matter involving a minor, illegal use of a minor in nudity-oriented material or performance, endangering children, contributing to the delinquency of children, carrying concealed weapons, improperly discharging a firearm at or into a school or house, corrupting another with drugs, placing harmful objects in or adulterating food or confection.

❖ Lastly, by signing below I signify that I understand that the Board of Education must request a criminal history check on me from the Central Records Division of the Michigan Department of State Police. I certify that I truthfully completed all

**THIS PAGE MUST BE GIVEN TO VOLUNTEER**



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information components and that false statements on this form shall be considered sufficient cause for non-consideration as a volunteer.

## VOLUNTEER LIMITED BACKGROUND/CRIMINAL HISTORY CHECK FORM 2022/23

**DISCLAIMER: The facts set forth on this form are true and complete to the best of my knowledge. I understand that false statements on this form shall be considered sufficient cause for non-consideration as a volunteer.**

Legal First Name (Print): \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_

Maiden Name or Other Married Name(s) \_\_\_\_\_

AKA/Aliases (Other Names Used): \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Gender:  Male  Female

Race (Please Mark One):  White (Not Hispanic)  Black or African American  Hispanic or Latino  Asian American

Native American/Alaskan Native  Native Hawaiian or Pacific Islander

**Under the revised school code, article 380.1535a and 380.1539b, Niles Community Schools utilizes these articles to determine the status of potential volunteers for the District.**

Have you ever been convicted, pleaded guilty or no contest before a court for any federal, state or municipal criminal offense, such as a misdemeanor/felony, regardless of when conviction occurred? Please include any felony/misdemeanor driving offenses such as Driving While Suspended, DWI (Driving while under the influence) or OWI (Operating a vehicle under the influence). Traffic infractions are not required for disclosure.  Yes or  No

Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?  Yes or  No

Do you currently have any pending charges against you?  Yes or  No

**(If YES to any questions, complete the details on page 2)**

Are you a student?: \_\_\_\_\_ Are you 18 years of age or older?: \_\_\_\_\_

School District: \_\_\_\_\_

Parent Signature (Required if student is under age of 18): \_\_\_\_\_

**AUTHORIZATION:** I understand that by providing my signature and by signing below "I agree" and consent to Niles Community Schools to complete a limited background check and/or civil records using federal, state and local agencies for verification. I understand I have rights under the Fair Credit Reporting Act, including having access to this report. This information will be considered by NCS when making decisions regarding my application for volunteer services.

Signature: \_\_\_\_\_

Date of Signature (mm/dd/yyyy): \_\_\_\_\_ School Name: \_\_\_\_\_



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Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

If yes to any question on previous page, please complete the following:

Date(s) of Offense: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Type of Offense: \_\_\_\_\_

Explanation: \_\_\_\_\_

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

Other Explanations: \_\_\_\_\_

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

**FOR OFFICE USE ONLY**

Approved     Approved/no cash handling     Approved/no transportation of students    Initials: \_\_\_\_\_

Denied    Initials: \_\_\_\_\_     Denial letter sent    Date: \_\_\_\_\_

ICHAT Completed    Date: \_\_\_\_\_



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National Sex Offender Registry Check Completed      Date: \_\_\_\_\_

## VOLUNTEER INFORMATION FOR 2022/23

### Ballard

Please Print Legibly

\_\_\_\_\_  
Volunteer Name (only one name per form)

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

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

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Emergency Contact Person/Phone

Please list your student connection(s) to Niles Community Schools:

| Student Name | School/Teacher | Relationship to Student |
|--------------|----------------|-------------------------|
|              |                |                         |
|              |                |                         |
|              |                |                         |
|              |                |                         |
|              |                |                         |
|              |                |                         |
|              |                |                         |

I do not have a student connection to Niles Community Schools, but I wish to volunteer at: \_\_\_\_\_

**Note: Volunteers may not volunteer until background check is complete and e-mail confirmation sent.**



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