

BRONSON COMMUNITY SCHOOLS
VOLUNTEER
INFORMATION PROFILE

Only one (1) form, for each adult per family, needs to be completed per school year. Not necessary for each school.

Last Name _____ First Name _____ M.I. _____

Race: _____ Gender: M F Date of Birth: _____

Maiden Name _____ Other First Name _____ Other M.I. _____

Other Last Name _____ Other First Name _____ Other M.I. _____

Other Last Name _____ Other First Name _____ Other M.I. _____

Address _____ City, State, Zip _____

Telephone _____ Occupation _____

Volunteer Position Desired _____

Administrator in Charge _____

Children _____

Experience:

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation or are charges pending against you? Yes No if yes, give details:

COPY OF DRIVER'S LICENSE IS NOW REQUIRED AND MUST BE ATTACHED! THANK YOU.

Important Notice to All Volunteers:

Volunteers are not covered by the school's workers' compensation insurance since the volunteer is not recognized as an employee under the policy. Therefore, all injuries or illnesses received while working at the school in a volunteer capacity will not be the responsibility of the school.

As a volunteer, I understand that I will be expected to carry out administrative directives, board policy and act in full compliance with the ethical expectations of the staff. As a volunteer, I will receive no compensation for my work in this position.

Pursuant to 2005 PA 129-131 and 138, School Safety Legislation, the school will run a criminal history records check through ICHAT (Internet Criminal History Access Tool).

Signed: _____ ICHAT Processed Date: _____
Volunteer

By: _____

Signed: _____
Administrator