



9964 Gast Road, Bridgman, MI 49106 • Phone (269) 465-5432 • Fax (269) 466-0221

**BRIDGMAN PUBLIC SCHOOLS
VOLUNTEER RELEASE FORM**

I have offered my services as a volunteer to help the Bridgman Public Schools.

I agree to abide by all relevant Board policies and administrative guidelines while serving as a volunteer 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 worker's 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 to me as a consequence of my volunteer services.

In order to protect the children of 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. As a non-staff representative of the District, I support the mission of the Bridgman Public Schools and agree with the following statement:

"I have never been convicted of any of the following offenses: criminal sexual conduct in any degree; an attempt to commit criminal sexual conduct in any degree; felonious assault; child abuse in any degree; an attempt to commit child abuse in any degree; cruelty, torture, or indecent exposure involving a child; or any violation involving the sale of drugs to minors."

At times, I may have care, control or custody of students, other than my own child, out of the direct supervision of a teacher or other school employee.

I give my consent to the Bridgman Public Schools to do a criminal history records check to verify that I have never been convicted of any of the above offenses.

Name (Printed)

Maiden or Other Name

Signature

Date of Birth

Street Address/POB #

Today's Date

City, Zip Code

Phone Number