



NEW HAVEN COMMUNITY SCHOOLS

Volunteer Registration Form

2021-22

FOR THE SAFETY OF OUR STUDENTS A VOLUNTEER FORM MUST BE FILLED OUT EVERY YEAR

Volunteers are a vital part of the successful operation of our school system. We thank all of those individuals who devote their time and energy to making our schools a better place by volunteering. Please complete the information below. The district will conduct an internet background check through the Michigan State Police Internet Criminal History Access Tool (ICHAT). Please follow your building's procedures for volunteering.

If there are any questions, please feel free to contact Danielle Ratajczyk in the Superintendent's office at 586-749-5123. Thank you for helping to keep our students safe!

PLEASE PRINT CLEARLY: *Required Information

*Volunteer Name: _____
First Name M.I. Last Name

*Date of Birth _____ *Gender: M F

*Race (Circle): Caucasian African-American Asian/Pacific Islander
American Indian/Alaskan Native Other

Contact Phone number: _____

It is understood that my signature below indicates my consent to a Michigan State Police Internet (ICHAT) background check.

Volunteer Signature: _____
(REQUIRED)

Student's First and Last Name: _____

Teacher _____ Building: _____

New Haven Community Schools reserves the right to "approve" or "deny" any volunteer service upon review of the background check returned. The determination will be based upon the individual's fitness to have responsibility for the safety and wellbeing of children. Providing false information, or information contradicting to the background check information, is grounds for immediate volunteer denial.

By affixing you signature to this form you acknowledge your information is true and give full consent to complete the requested background check.

Signature: _____

Date Signed: _____

Please indicate if you have had training in any of the following areas:

_____ CPR _____ First Aid _____ Universal Precautions