



# Volunteer Interest Form

Benton Harbor Charter School Academy VOLUNTEER BACKGROUND CHECK Acknowledgment Form

\*Nonemployment Background Checks Only\*

New background checks will not be run on the morning of a field trip out of respect for teachers and office staff.

## Copy of Driver's License Required

### POTENTIAL VOLUNTEER INFORMATION

Full Printed Name: _____	Phone: _____
Maiden name / any previously used names: _____	
DOB: _____ mm/dd/yyyy	Sex: _____ Race: _____

Your child's name/s (if applicable) \_\_\_\_\_ Grade/s \_\_\_\_\_ Teacher/s \_\_\_\_\_

Thank you for your interest! Benton Harbor Charter School Academy believes that our students, our families, and our community all have a place in making our students successful with their academics and throughout their lives. Having family members like you who want to be involved with our school helps to show them what support looks like!

The process to becoming a volunteer is within these steps:

- 1) Submit this interest form along with a description of your availability.
- 2) In order to ensure the protection of children in the care of Benton Harbor Charter School Academy, School policy requires, prior to any and all persons providing a volunteer service at the school or for any function conducted by the school; all potential volunteers complete an I-CHAT background check to certify that they have not been charged with child abuse, neglect, or a felony. Any applicant declining to complete an I-CHAT background check acknowledgment form will not be considered. The Academy reserves the right to "approve" or "deny" any volunteer service upon review of the returned background check. The determination will be based upon the individual's fitness to have responsibility for the safety and wellbeing of children. Providing false or contradicting information to the background check is grounds for denial.
- 3) Be explained in-person about the expectations our school has for volunteers.
- 4) Be assigned a role and schedule depending on the amount of participation interest.

Please leave a mark to the left of your volunteer interests:

<input type="checkbox"/>	Field trip chaperones	<input type="checkbox"/>	After school helper	<input type="checkbox"/>	Student store worker
<input type="checkbox"/>	Office runner	<input type="checkbox"/>	Classroom/ Teacher helper	<input type="checkbox"/>	Outside recess helper
<input type="checkbox"/>	Yard sign school promotor	<input type="checkbox"/>	Class reader	<input type="checkbox"/>	Holiday/ event helper
<input type="checkbox"/>	Assembly helper	<input type="checkbox"/>	Librarian/ class librarian	<input type="checkbox"/>	Maintenance
<input type="checkbox"/>	Bulletin board creator	<input type="checkbox"/>	Laundry	<input type="checkbox"/>	Coach
<input type="checkbox"/>	Bus aid	<input type="checkbox"/>	Guest speaker	<input type="checkbox"/>	Lunch room supervisor

Proceed to the second page on the back.

HISTORY INFORMATION

1) Have you ever pled guilty, or been convicted of a felony in a state or federal court?  Yes  No

Date and state of offense/ conviction occurred: \_\_\_\_\_

If yes, provide a detailed description of the conviction: \_\_\_\_\_  
\_\_\_\_\_

2) Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court?  Yes  No

Date and state of offense/ conviction occurred: \_\_\_\_\_

If yes, provide a detailed description of the conviction: \_\_\_\_\_  
\_\_\_\_\_

3) Are you the subject of a current criminal investigation or have pending charges against you?  Yes  No

Date and state of offense/ conviction occurred: \_\_\_\_\_

If yes, provide a detailed description of the investigation or pending charges: \_\_\_\_\_  
\_\_\_\_\_

The honesty of your history is also a factor in approving or denying volunteer eligibility.

Certification:

I agree to follow all relevant Board policies and administrative guidelines while serving as a volunteer at Benton Harbor Charter School Academy. I understand that I am covered under the Academy's liability insurance policy but am not covered by its health insurance policy nor am I eligible for worker's compensation. Should I become ill or suffer an accident and/or injury while performing volunteer activities for the Academy, I agree that I shall be responsible for any and all hospital and medical charges that may accrue. I understand further that I am not an employee of the Academy and am not entitled to any benefits provided to employees. I further release the Academy and Board of Directors from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

By your signature on this form, you certify that the required information stated in your volunteer application and background check release is true and accurate to the best of your knowledge, and that you give full consent to complete the requested background check.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Today's Date

Office Use Only

Approved

Denied

Date Approved/Denied: \_\_\_\_\_