

### VOLUNTEER FINGERPRINTING RELEASE FORM

**Four Corners Montessori Academy's Board of Directors appreciates the services provided by volunteers to the educational program. The Board approved policy calls for school leadership to recruit volunteers, to review their capabilities, and to make appropriate placements. School leadership believes that all volunteers should undergo similar fingerprinting and criminal record checks as those required of employees.**

**Chaperones who are not employees of the Academy are considered volunteers. Individuals who provide transportation for students other than their own children must provide the school with such documents as valid driver's license and appropriate automobile insurance. (Anyone who provides transportation for children other than their own are considered chaperones and are required to fulfill criminal history and sex offender records' checks requirements.)**

**Parents/volunteers who serve on Academy Committees, PTO, and similar non-student contact services, are not required to complete volunteer application and background check requirements.**

**If a volunteer is participating in an out of state, overnight, or offsite field trip they are required to complete a State and Federal background check**

**A parent or legal guardian who is shadowing, mentoring, or visiting his or her child's classroom will not be required to be fingerprinted or undergo criminal records check but need to know that their names may be checked by their respective Social Security numbers against a criminal data base the Academy has access to.**

**Costs for fingerprinting and criminal record checks will be borne by the Academy. Please note that initial screening will be through the State provided ICHAT system and sex offender registry.**

**CERTIFICATION:**

**I agree to follow all relevant Board policies and administrative guidelines while serving as a volunteer at Four Corners Montessori 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 workers' 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 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 my signature, I certify that the Required Information stated below is accurate to the best of my knowledge.**

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Name and Signature

Date



**VOLUNTEERS RELEASE FORM  
FOR  
VOLUNTEER CRIMINAL HISTORY AND SEX OFFENDER RECORDS CHECKS**

Please print using black ink.  
Please fill in all required information.

**REQUIRED INFORMATION:**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

RACE (CIRCLE ONE):      WHITE      BLACK      ASIAN or PACIFIC ISLANDER

AMERICAN INDIAN or ALASKAN NATIVE      OTHER

SEX (CIRCLE ONE): MALE   FEMALE

MONTH OF BIRTH: \_\_\_\_\_ DAY OF BIRTH: \_\_\_\_\_ YEAR OF BIRTH: \_\_\_\_\_

MAIDEN/PREVIOUSLY USED NAME(S), IF ANY: \_\_\_\_\_

MICHIGAN DRIVER'S LICENSE NUMBER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

COPY ATTACHED    ARE YOU WILLING TO DRIVE?

STUDENT'S NAME

TEACHER

RELATIONSHIP TO STUDENT

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**VOLUNTEER DISCLOSURE**

By virtue of my signature, I certify that the name and personal descriptive information is accurate as recorded on this document. I recognize my right to challenge the accuracy or completeness of the information contained in a criminal history record check, sex offender registry check, or any other records check.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

