

Volunteering at The Montessori School

Student Name: _____

Birthdate: _____

If you would like to volunteer during the school year, please review the instructions and requirements below, and complete the included Volunteer Screening form. **If you do not plan to volunteer, please check box 1A below, and return this page with the rest of your child's forms.**

1. Would you like to volunteer in the classroom or chaperone field trips in a supervised capacity?

Yes – see required forms below

No – Go to section 1A below

Volunteer Screening Policy – gives us permission to obtain a criminal background check from any state you have lived in within the last 10 years, and is required for any form of volunteering

A valid copy of your driver's license – this is required to complete the background check. Your forms cannot be processed without it.

1A. I do not plan to volunteer in the classroom or on field trips

Parent Signature: _____

Today's Date: _____

See next page for volunteer form to complete and return.

If you do not plan to volunteer, please check the box for 1A above, sign, and return this page with your student's information packet. Thank you!

OPTIONAL PERMISSIONS AND ACKNOWLEDGEMENTS

INITIAL OR SIGN WHERE INDICATED

STUDENT NAME: _____

BIRTHDATE: _____

VOLUNTEER SCREENING

- ❖ I am aware that abuse and neglect of children is against the law
- ❖ I have been informed of the School's policies on child abuse and neglect, and understand that caregivers are mandated by law to report abuse or neglect
- ❖ I understand that volunteers cannot be in the school if convicted of child abuse or neglect, or if convicted of a felony involving harm or threatened harm

A valid copy of your driver's license must accompany this form

Have you ever been convicted of an offense other than minor traffic violations? Yes No

Do you have a history of substantiated abuse or neglect of children or adults? Yes No

Parent/Guardian Name (printed) _____ Birthdate: _____

Maiden Name/Other Alias

* List any other states you have lived in within the last ten (10) years if you have lived in Michigan less than ten (10) years:

I authorize The Montessori School to perform a criminal history check for any/all states in which I have resided within the last ten (10) years using the Michigan Department of State Police Internet Criminal History Access Tool (ICHAT), or equivalent for previous states of residence, prior to volunteering in any school capacity.

Parent/Guardian Name (printed) _____

Parent/Guardian Signature _____ Today's Date _____