



# MOUNT CLEMENS COMMUNITY SCHOOLS

167 Cass Avenue, Mount Clemens, MI 48043 • www.mtcps.org • PHONE (586) 469-6100 • FAX (586) 469-5569

\*\*\*\*Copy of Drivers License or State ID required\*\*\*\*

## VOLUNTEER REGISTRATION FORM AND RELEASE OF LIABILITY (2024-2025)

The following information is required for an internet background check, please PRINT LEGIBLY and COMPLETE IN FULL or the form will be returned.

Mount Clemens High School   
  Mount Clemens Middle School   
  Seminole Academy   
  ML King Academy  
 District Athletics   
  District Volunteer   
 Student Name: \_\_\_\_\_  
 Parent/Guardian   
 Family Member   
 Staff Family   
 Community Member

LEGAL Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_ Phone Number \_\_\_\_\_

RACE/ETHNICITY:  Asian     Pacific Islander     Hispanic     Black     White     American Indian

GENDER:  Male     Female    DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month                                  Day                                  Year

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- I understand that I am not an employee of the School District, and that I am offering my services to the Mount Clemens Community School District freely and voluntarily, at my own will and volition, without any expectation or promise of monetary compensation or benefits of any kind.
- I understand that my services may be terminated by either myself or the District, at the will of either party, without cause, and without prior notice for any reasons deemed sufficient by the terminating party.
- I understand that I am not a general agent or representative of the school district, and will not hold myself out to be so. I will not exceed the authority or responsibility delegated to me by the Building Administrator.
- I understand that I WILL NOT be eligible for workers' compensation coverage and WILL NOT be covered under any of the District's health insurance policies for any illnesses or injuries sustained in the course of my volunteer service.
- I hereby release the Mount Clemens Community School District of any and all claims of liability for any illness, injury or other loss sustained or incurred by me, as a direct or indirect result of my volunteer service.** \_\_\_\_\_ (Volunteer's initials).
- I understand that as a volunteer, I will be required to abide by all school board rules, regulations and policies, either published or in effect by usage and all rules, regulations, as well as the laws of the State of Michigan, and the Code of Conduct on the attached page(s).
- I understand that **I am not allowed to use corporal punishment to discipline any students with whom I may come into contact.**
- I understand that student records and information is confidential, and I will not disclose or discuss same without appropriate consent.
- I have not been convicted of, or pled guilty or nolo contendere (no contest) to, any felony or other crimes, except \_\_\_\_\_.
- I certify that all information given on this application is true and complete. Any misrepresentation, omission or incorrect statement of facts called for in this application is cause for immediate dismissal of me as a volunteer.**

**I understand that a criminal history records check will be conducted, and I have signed the attached consent form for that purpose.**

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

### CONSENT TO CRIMINAL HISTORY RECORDS CHECK

I understand, that prior to providing any volunteer service, the Mount Clemens Community School District conducts a criminal history check of all applicants. I authorize Mount Clemens Community Schools to utilize my personal information disclosed herein to obtain a criminal history file search from the Michigan Department of State Police and such other police agencies as may have such records.

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

Mount Clemens Community School District does not discriminate on the basis of race, religion, color, veteran status, sex, age, height, weight, national origin, marital status, pregnancy, handicapping condition or disability. A disabled or handicapped individual may allege a violation regarding failure to accommodate under the Michigan Handicappers' Civil Rights Act only if the individual notifies the employing institution, in writing of the need for accommodation within 182 days after the date on which the handicapped or disabled individual knew or reasonably should have known that an accommodation was needed. Written notification of the need for accommodation in the application or selection process and/or questions regarding this notice should be directed to the Mount Clemens Community School District at 167 Cass Avenue, Mount Clemens, Michigan, 586-461-3776.