



VOLUNTEER AGREEMENT 2026-2027

Woodland School is grateful for the contributions made by parent and community volunteers and welcomes their participation in a variety of activities.

For the safety of students and the maintenance of an orderly environment, we require all volunteers to register once a year with the office and have a background check. Please complete and sign the forms below, and return it to the office manager. We will notify you once you have been approved to be a volunteer at Woodland School.

Name _____ Date of Birth _____

Address: _____ Phone: _____

Driver's License Number: _____

(A photocopy of license will be made by school staff. Required even if not driving students.)

I understand and agree that for the safety and wellbeing of students, the school may conduct a driving record and criminal background check prior to my volunteering, and periodically thereafter.

I agree to:

- Respect and abide by the confidential nature of what I see or hear pertaining to students and/or staff.
- Bring any concerns or issues to the staff person supervising my volunteer activities.
- Neither discipline nor evaluate students. Any discipline issues will be directed to an appropriate staff member.
- Be supportive of the school and its mission.
- Release the school from any liability for personal injury or property damage that may occur during or as a result of my volunteer activities.

Upon arriving for volunteer service, sign in at the office where you will be issued a volunteer tag.

Signature: _____ Date: _____

Signature/School Administrator: _____ Date: _____

Please list any special skills or talents here.

**WOODLAND SCHOOL
ICHAT BACKGROUND CHECK
Volunteer Acknowledgment Form**

In order to ensure the protection of children in the care of Woodland School; all volunteers are to complete a State of Michigan, ICHAT system background check.

POTENTIAL VOLUNTEER INFORMATION

Full Printed Name: _____

Maiden name or other name(s) previously used: _____

DOB: _____ Sex: _____ Eye Color: _____ Hair Color: _____ Height: _____
[mm/dd/yyyy]

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 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 offense/misdemeanor 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 the investigation is ongoing: _____

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

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

Signature: _____

Date: _____