



## VOLUNTEER AGREEMENT 2023-2024

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.

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**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: \_\_\_\_\_