

HUDSON AREA SCHOOLS

Volunteer Information 2023-2024

Please check all that apply:

Staff Coach Parent Community Volunteer
 Lincoln Middle High School

*To protect your privacy, this form will only be seen by designated Hudson Area Schools' representatives.
The information on this side only will be shared with appropriate staff related to your volunteerism.*

Name _____ Date _____ Are you over 18? _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____ Employer _____

E-mail Address _____

In case of emergency, contact _____ Phone _____

Reference Name _____ Phone _____

If you have children in this building, please list their names and their teacher(s): _____

Days and Times Available:

Day	8:00	9:00	10:00	11:00	12:00	1:00	2:00	3:00	After-school
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									

The following is a list of volunteer opportunities. Please check all that may be of interest to you.

Classroom Support

<input type="checkbox"/>	Call Me When Needed	<input type="checkbox"/>	Career Day	<input type="checkbox"/>	Field Day
<input type="checkbox"/>	Help With Class Parties	<input type="checkbox"/>	Bilingual Skills	<input type="checkbox"/>	Spring Book Fair (Elem.)
<input type="checkbox"/>	Chaperone Field Trips	<input type="checkbox"/>	Special Projects	<input type="checkbox"/>	Fall Book Fair (Elem.)
<input type="checkbox"/>	Help With Individual Students	<input type="checkbox"/>	Make Copies	<input type="checkbox"/>	Book Fair (MS/HS)
<input type="checkbox"/>	Help With Small Groups	<input type="checkbox"/>	Bulletin Board Set-Up	<input type="checkbox"/>	Other
<input type="checkbox"/>	Make Posters/Signs	<input type="checkbox"/>	Make Classroom Materials	<input type="checkbox"/>	
<input type="checkbox"/>	Junior Achievement Presenter	<input type="checkbox"/>	Foster Grandparent	<input type="checkbox"/>	

Subjects Preferred: (Please Circle) Math Reading Science Social Studies Computers Writing

Special Events

<input type="checkbox"/>	Parent Group (Elem.)	<input type="checkbox"/>	Staff Luncheon (Elem.)	<input type="checkbox"/>	Parent Group (MS/HS)
<input type="checkbox"/>	Popcorn Friday (Elem.)	<input type="checkbox"/>	WATCH D.O.G.S. (Elem.)	<input type="checkbox"/>	Help In Concession Stands
<input type="checkbox"/>	Gingerbread Shop (Elem.)	<input type="checkbox"/>	Elementary Dance	<input type="checkbox"/>	Volunteer Coach
<input type="checkbox"/>	Fundraisers (Elem.)	<input type="checkbox"/>	MS/HS Dances	<input type="checkbox"/>	Other

Other side must be completed also – Thank you! →

OFFICE USE ONLY

Approved _____ Not Approved _____

VOLUNTEER RELEASE FORM

I have offered my services as a volunteer to help the School District. I agree to abide by all relevant Board policies and administrative guidelines while on duty for the District. I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer service.

For the protection of the children in the school, the District is required by law to inquire of its staff members whether or not they have ever been convicted of a crime related to children. We would appreciate your cooperation by indicating that you have never been convicted of the following offenses: *aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, aggravated menacing, abuse or neglect of a child, kidnapping, abduction, child stealing, criminal child enticement, rape, sexual battery, corruption of a minor, gross sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually oriented matter involving a minor, illegal use of a minor in nudity-oriented material or performance, endangering children, contributing to the delinquency of children, carrying concealed weapons, improperly discharging a firearm at or into a school or house, corrupting another with drugs, placing harmful objects in or adulterating food or confection.*

CONFIDENTIALITY AGREEMENT

It is the policy of Hudson Area Schools to provide our students and employees with a level of privacy and confidentiality with any information concerning them. In the course of your volunteer work, you may have access to confidential information (oral, written or computer generated not otherwise available to the public at large) about students or employees, their families or personal business.

THEREFORE, I AGREE that:

My right to enter or make use of confidential information is restricted to my need to know the data or information to perform my volunteer duties. I will not discuss any confidential information and will hold all confidential information of which I have knowledge in the truest confidence, as required by law. I agree to utilize confidential information obtained by me only for the benefit of the student or employee or in the performance of my volunteer responsibilities.

I HAVE READ AND UNDERSTAND THE VOLUNTEER RELEASE AND CONFIDENTIALITY AGREEMENT AND AGREE TO ITS TERMS.

Signature Date

CRIMINAL HISTORY CHECK

Please note that each question is important for the criminal history check. This information is necessary to ensure that we receive only your information. *Please fill out completely.*

First Name _____ Middle _____ Last Name _____

Previous, married and/or maiden names: _____

Date of Birth: _____ Sex: Male _____ Female _____

Social Security Number: (optional) _____/_____/_____ Race: _____

Driver's License Number: _ ___/___/___/___/___ State: _____

Have you ever been convicted of a felony or misdemeanor? Yes _____ No _____

If yes, please explain: _____

States you have previously lived in: _____

I give Hudson Area Schools permission to complete a criminal history check with the Michigan State Police and to share the results with other school districts, intermediate school districts, and the governing body of a public-school academy or nonpublic schools.

Signature Date

NOTE: A criminal record will not necessarily disqualify an applicant. A criminal record is one piece of information that will be considered in determining the appropriateness of an individual to be a Hudson Area Schools' volunteer.