



**VOLUNTEER CONSENT FORM**  
**LOWELL AREA SCHOOLS**

300 High Street, Lowell, MI 49331 • Phone: 616-987-2500 -- Fax: 616-987-2511

Lowell Area Schools, parents and volunteers have worked hard together to create a partnership. In a continued effort to keep our schools as safe as possible and to comply with State law, volunteer parents and community members must submit to criminal background checks. If you choose to participate as a volunteer, please complete this form and wait for clearance prior to volunteering.

A school volunteer works under the direction of teachers and school staff. Occasionally it can be difficult to decide if an individual falls into the classification of a school volunteer. **A school volunteer usually meets all of the following criteria: 1. The individual will provide a service to the school; 2. The individual will NOT be compensated monetarily by the school district; 3. The individual will be providing volunteer service for more than one day at any one site (except for chaperones), and 4. The individual may have unsupervised access to students while performing the service. If you do not meet the aforementioned criteria, you are likely considered to be a visitor or a guest of Lowell Area Schools.**

If you do not wish to complete the form, then volunteer activities may be denied or will be limited to group situations as approved by the principal, superintendent, or designee. The Volunteer Consent Form will be maintained solely at the Central Administrative Office and any response will be kept confidential with the Principal of the school building, Superintendent, and/or designee. You need only submit this form once per school year.

**THIS FORM WILL BE KEPT CONFIDENTIAL**  
**ONE FORM PER PERSON COVERS ALL STUDENTS AND ONE NAME PER FORM**  
**PLEASE ATTACH COPY OF DRIVERS LICENSE (FRONT SIDE ONLY)**

(Check one box, please)

Parent/Guardian       Grandparent       Other \_\_\_\_\_

**PLEASE PRINT LEGIBLY**

Name: _____		
(Last)	(First)	(Middle Initial)
Date of Birth: _____	Race: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
(Month/Day/Year)		
Maiden / Other Name(s): _____		
(Last)	(First)	(Middle Initial)
Check Buildings you will be Volunteering in:		
<input type="checkbox"/> Alto Elementary	<input type="checkbox"/> Bushnell Elementary	<input type="checkbox"/> Cherry Creek Elementary
<input type="checkbox"/> Murray Lake Elementary	<input type="checkbox"/> Lowell Middle School	<input type="checkbox"/> Lowell High School
<input type="checkbox"/> Yeiter Learning Center		

Name of LAS Student(s): \_\_\_\_\_

I understand the Central Records Division of the Michigan State Police, Lansing, Michigan, requires the above information. I authorize Lowell Area Schools to utilize the above information for the sole purpose of obtaining a conviction-only criminal history file search.

VOLUNTEER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

VOLUNTEER'S PRINTED NAME \_\_\_\_\_

<p><b>BUILDING PRINCIPAL AUTHORIZATION - This volunteer will:</b></p> <p><input type="checkbox"/> Work one-to-one with students</p> <p><input type="checkbox"/> Work with a small group of students in an unsupervised situation</p> <p><input type="checkbox"/> Serve as a Lead Volunteer (point of contact for students and other volunteers )</p> <p>Principal's Signature: _____</p>	<p>DL verified?</p> <p>_____</p>
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(OFFICE USE ONLY)

DATE RECEIVED \_\_\_\_\_ DATE SCREENED \_\_\_\_\_

VOLUNTEER STATUS: · OK · DENIED (IF DENIED, DATE REPORTED TO BUILDING/PROGRAM SUPERVISOR)