

Wayland Union Schools Volunteer Acknowledgement Form

Program / Sport: _____

I, _____, agree to act as a volunteer for Wayland Union Schools and abide by all Board policies and administrative guidelines pertaining to volunteers. I have read the Guidelines for Volunteer Coaching for Athletic and Academic Camps below. I understand that I will not be compensated for my services, as I am acting as a volunteer for the stated program or sport.

Printed Name of Volunteer

Volunteer Signature

Date

I am the coach or Advisor for this program and wish to have the above volunteer in my sport or activity as referenced above. I have made no commitment of payment to the volunteer for the time they are volunteering for my program or sport.

Coach / Program Advisor Signature

Date

Administrator/ Athletic Director Signature

Date

A volunteer, who is not otherwise employed by WUS, is not permitted to be with students until this form has been fully executed. This must be completed for each event and for each year.

Guidelines for volunteer coaching for athletic and academic camps

Camps/clinics offered for ages or grade levels for which the coach/employee performs coaching/academic duties:

The district expects that these duties are part of the coaching/academic assignment and no compensation of any kind will be paid. Restriction on payment includes both district funds and funds coming from internal accounts.

Camps/clinics offered for ages or grade levels other than those for which the coach/employee performs coaching / academic duties:

While the district feels that coaches/employees should participate in these activities as a means to build strong athletic/academic programs, it is understood that these are not part of the regular duties. However, the district will not pay coaches/employees who choose to offer these camps/clinics. The employee can choose to do so on a volunteer basis, and will be required to complete a Volunteer Acknowledgement Form (VAF).

Restriction on payment includes both district funds and funds coming from internal accounts.

This Volunteer Acknowledgement Form and an ICHAT must be fully executed prior to the event's start date.

There will be NO EXCEPTIONS to this.

ROUTING:

Date: _____ Volunteer to Coach/Advisor

Date: _____ Coach/Advisor to Administrator/Athletic Director

Date: _____ Administrator/Athletic to HR

Date: _____ HR to Administrator/AD

Wayland Union Schools

ICHAT Annual Volunteer Consent/Acknowledgment Form

In order to ensure the protection of children in the care of Wayland Union Schools, school policy requires, prior to any and all persons providing a volunteer service at the school or for any function conducted by the school; all potential volunteers complete a secure criminal history using Internet Criminal History Access Tool (ICHAT) as part of its volunteer screening process. I understand that the information below is required by the Central Records Division of the Michigan State Police and I authorize Wayland Union School District to utilize the information for the sole purpose of completing a criminal history file search. Volunteers shall agree to abide by all Board policies and District guidelines while on duty as a volunteer including signing, if appropriate, the District's Network and Internet Access Agreement Forms. Volunteers will be covered under the District's liability policy but the District cannot provide any type of health insurance to cover illness or accident incurred while serving as a volunteer, nor is the person eligible for workers' compensation.

PLEASE PRINT LEGIBLY

Volunteer Name:

First Middle Initial Last

Maiden Name/Name(s) Previously Used: _____

Race: American Indian/Alaskan Native Asian/Pacific Islander Black White Other /Unknown
(These are ICHAT System options - please indicate your best choice)

Date of Birth: _____ Gender: Male Female Eye Color: _____ Height: _____
(mm/dd/yyyy)

Please circle the name of the requesting school: Baker Dorr Steeby Pine WMS WUHS

Have you volunteered at Wayland Union Schools before? Yes No

1. Have you ever pled guilty or been convicted of a felony in a state or federal court? Yes No
If yes, list date, city and state offense/felony occurred: _____
Detailed description of the offense/felony: _____

2. Have you ever pled guilty or been convicted of a misdemeanor in a state or federal court? Yes No
If yes, list date, city and state offense/misdemeanor occurred: _____
Detailed description of the offense/misdemeanor: _____

3. Are you the subject of a current criminal investigation or have pending charges against you? Yes No
If yes, list date, city and state of the charge(s): _____
Provide a detailed description of the charge(s) or investigation: _____

Wayland Union Schools reserves the right to "approve" or deny any volunteer service upon review of the background check returned through ICHAT. The determination will be based upon the individual's fitness to have responsibility for the safety and wellbeing of children. Providing false information, or information contradicting the background check information, is grounds for immediate volunteer denial. By affixing your signature to this form you acknowledge your statements are to be true and give full consent to complete a name based background check through ICHAT.

Signature Date Phone number

*****Approval is for ALL buildings in the District and is valid for one year*****

OFFICE USE ONLY

Approved Denied Date Approved/ Denied _____ Determining Staff Members' Initials _____