

VOLUNTEER RELEASE FORM

I am offering my services as a volunteer to help the YCS District in the following building(s): (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Beatty Early Learning Center | <input type="checkbox"/> Erickson Elementary |
| <input type="checkbox"/> Perry Early Learning Center | <input type="checkbox"/> Ypsilanti Community Middle School |
| <input type="checkbox"/> Ford Early Learning Center | <input type="checkbox"/> Ypsilanti High School (ACTech/STEM) |
| <input type="checkbox"/> YIES | <input type="checkbox"/> Ypsilanti A.C.C.E. Program |
| <input type="checkbox"/> Estabrook Elementary | <input type="checkbox"/> Ypsilanti Community School District |
| <input type="checkbox"/> Holmes Elementary | |

Pursuant to YCS Policy 3120.09 and 4120.09, any person who volunteers to work with the District shall be screened through the Internet sites for the Sex Offenders Registry (SOR) list, the Internet Criminal History Access Tool (ICHAT) criminal history records check and the Offender Tracking Information System (OTIS) prior to being allowed to participate in any activity or program. I understand the check is mandatory and agree to provide the following personally identifiable information (*please print legibly*):

Legal Name: _____
FirstMiddle InitialLast

Address: _____
StreetCityCounty

Date of Birth: ____/____/____ (mm/dd/yy) Gender: Male Female Race: _____

Maiden Name: _____ (if applicable) Other Aliases: _____
(i.e., previous married name, nickname or any other name you have gone by in the past)

ACCEPTANCE (Please initial each of the statements below to indicate that you've read and agree to the terms):

- _____ As a volunteer, I work under the supervision and direction of YCS District staff.
- _____ As a volunteer, I am not in any manner considered an employee of the YCS District or entitled to any benefits provided to an employee.
- _____ I agree to abide by all YCS District rules, administrative guidelines and policies (which may be found at www.ycschools.us) while on duty as a volunteer including signing, if applicable the District's Network and Internet Access Agreement Form(s).
- _____ I understand that although I am covered under YCS District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for Workers' Compensation.
- _____ If I become ill or suffer an injury as a result of volunteer services for the YCS District, I release the YCS District of any obligation; agreeing that I shall be responsible for any and all hospital and medical charges that may accrue.
- _____ I release the YCS District from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.
- _____ I agree that it is my responsibility to notify the YCS District by way of contacting the Human Resource Coordinator if the status of my criminal history information changes in any way after the date on this form.

By completing this form and signing below, I authorize the YCS District thru designated employee(s), to conduct a criminal history file check as set forth in YCS Board Policy 3120.09 and 4120.09.

Volunteer Name (*Please Print*)

Volunteer Signature

Date

Note: If sending completed form by fax, please fax directly to the building(s) in which you are offering volunteer services.