



# YALE PUBLIC SCHOOLS – VOLUNTEER FORM

198 School Drive, Yale Michigan 48097

Phone: 810-387-3231 Fax: 810-387-4418

As part of our continuing Safe Schools Initiative, individuals who will serve in the capacity of an official school chaperone or classroom volunteer will need to provide a valid Michigan Driver’s License and this completed form in order for the school district to complete a background check through the Michigan State Police.

Yale Public Schools will not approve chaperones with the following:

- Felony conviction(s)
- Misdemeanor conviction(s) listed under the Michigan Sex Offender Registration Act
- Misdemeanor conviction(s) involving drugs, weapons, or anything that could endanger students

**If you wish to volunteer/chaperone, please provide this completed form and a copy of your driver license to the building secretary at least one week prior to the event.**

Print Name: \_\_\_\_\_  
First Name Middle Initial Last Name

Maiden Name / Names Previously Used: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Month of Birth: \_\_\_\_\_ Day of Birth: \_\_\_\_\_ Year of Birth: \_\_\_\_\_

*I authorize the Yale Public School District to contact law enforcement agencies to complete a criminal background records check. I further consent to the release of this information by the law enforcement agencies to the Yale School District.*

**Please Sign:** \_\_\_\_\_

Check the schools you would like to have notified of your willingness to volunteer and/or chaperone:

	First & Last Name of Student(s)	Grade	Relationship to Student
<input type="checkbox"/> Avoca Elementary	_____		
<input type="checkbox"/> Farrell-Emmett	_____		
<input type="checkbox"/> Yale Elementary	_____		
<input type="checkbox"/> Yale Junior High	_____		
<input type="checkbox"/> Yale High School	_____		

***Thank you for supporting Yale Public Schools!***

**Please Note:** Volunteer/chaperone form must be renewed every school year (complete a new form and provide current driver’s license).

**Building Secretary:** Please provide a copy of the completed form and driver’s license copy to Central Office immediately upon receipt of this information to complete the background check.

**Central Office Use Only:**

Date Form Received: \_\_\_\_\_ ICHAT Ran: \_\_\_\_\_ Added to Drive: \_\_\_\_\_