



LENAWEE INTERMEDIATE SCHOOL DISTRICT

APPLICATION FOR NON-PAID POSITION

(This form must be completed once each year. If background check is required, you may not volunteer until background check has been conducted. All areas with an Asterisk \* and BOLDED need to be completed before your application will be considered.)

\*NAME: LAST FIRST MIDDLE \*DATE

\*MAIDEN/FORMER NAMES USED:

\*ADDRESS: \*CITY: \*STATE: \*ZIP: (For college students, please use your permanent home address)

\*VOLUNTEER ACTIVITY:

\*WEEKDAYS/TIMES AVAILABLE:

Phone: (home / cell / work) E-Mail Address:

Emergency Contact Phone

PLEASE READ CAREFULLY

I hereby authorize and unqualifiedly grant permission to the Lenawee Intermediate School District (LISD) and its administration to make inquiries to verify the contents of this application, and any representations made verbally or in any letter of interest that I may have submitted. Further, I unqualifiedly authorize and grant permission to the LISD and its administration to contact any and all of my personal references or former or current employers to obtain information concerning my character, reputation, and/or work experience. I further release the LISD and its administration, as well as any reference source, from any liability in connection with the release or use of such information. I further authorize and unqualifiedly grant permission to the LISD and its administration to make inquiries and to obtain any records from law enforcement and/or judicial authorities to determine whether any record of criminal conviction exists, and whether any felony charges are pending against me, including the nature of the offenses.

Waiver and Release of LISD from Liability

I know and understand that my volunteering with the LISD may expose me to risks, such as illness, injury, death, or loss of property. I voluntarily accept those risks and agree that the LISD, its Board of Education, its staff, its students, its agents, and its representatives, is not liable for any injury, death, or loss of property that is caused by the negligence of the LISD, its Board of Education, its staff, its students, its agents, or its representatives.

I understand that by signing this application and accepting a volunteer assignment with the LISD, I am giving up my right to sue for negligence. I also understand and agree that if the LISD is sued by or required to pay any third party because of my conduct, I will reimburse the LISD for its costs, including any and all legal costs and costs due to the third party.

Through my signature, I acknowledge that I have read this waiver and release section of this application, I understand what I am agreeing to, and am freely signing it, and further certify that the statements contained in this application are true and complete.

\*APPLICANT'S SIGNATURE (if under 18 requires parent signature)

\*DATE

Thank you for completing this application and for your interest in the Lenawee Intermediate School District. We would like to assure you that your opportunity with this organization will be based only on your merit and on no other consideration. The Lenawee Intermediate School District does not discriminate in any of its educational programs and services, activities, or employment practices, on the basis of race, color, religion, national origin or ancestry, age, sex, height, weight, marital status, sexual preference, disability, or English speaking ability. Direct inquiries to: Executive Director of Staff Resources, Lenawee Intermediate School District, 4107 North Adrian Highway, Adrian, Michigan 49221-9354; (517) 265-2119.

APPLICANTS - DO NOT WRITE BELOW THIS LINE - FOR LISD USE ONLY

Is Background Check Required: Yes No If Yes: ICHAT/OTIS ICHAT/OTIS/Fingerprints Please Consider: Does the assignment involve an overnight stay? Does the assignment span multiple school years? Does the assignment have the potential for unsupervised access? Background Check conducted and approved by Staff Resources of Individual to provide Services:

Specifics of Assignment - please provide details such as: Time frame of the assignment.

\*Assignment Information

\*Dates of Assignment \*Location

APPROVALS

\*L.I.S.D. Staff Supervisor Signature Date

\*Assistant Superintendent Signature Date

Report any assignment-related accidents / illness to the L.I.S.D. Supervisor immediately.

**\*NAME:** \_\_\_\_\_ **\*DATE** \_\_\_\_\_  
LAST FIRST MIDDLE

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### Criminal History Check Form

As a prospective (**\*SELECT APPROPRIATE BOX**):

- Class/Program Volunteer     Field Trip Chaperone     Guest Presenter (i.e. Professional Development)  
 Student Teacher/Classroom Observation     Foster Grandparent  
 Student in the Certified Nursing Assistant (CNA) Program     Other: \_\_\_\_\_

for the Lenawee Intermediate School District, I understand that it is this agency's policy to secure criminal conviction history information using the information provided.

**\*BIRTHDATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **\*RACE:** \_\_\_\_\_ **\*GENDER:** \_\_\_\_\_  
MONTH DAY YEAR

**\*REQUIRED\*** - Please include a copy of photo id:     Driver's License     Passport     State Issued ID  
(Photo ID requirement may be waived for individuals under 18 years of age with Administrator approval)

Administrator signature for waiver: \_\_\_\_\_

### Statement Of Understanding

Pursuant to 1993 Public Act 68, I, (**\*PRINT NAME**), \_\_\_\_\_ represent that  
(**\*SELECT APPROPRIATE BOX**):

- I have not been convicted of, or pled guilty or nolo contendere (no contest) to any crimes.  
 I have been convicted of or pled guilty or nolo contendere (no contest) to the following crimes. If desired, attach a separate sheet to explain nature of conviction, date and court.

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I understand and agree that pursuant to 1993 Public Act 68:

- (1) The Board of Education of the school district or government body of the nonpublic school (the "School") must request a criminal history check and criminal records check on me from the Central Records Division of the Michigan Department of State Police and the Federal Bureau of Investigation ("FBI");
- (2) Until the aforementioned checks are received and reviewed by the School, I am regarded as a conditional volunteer/CNA Student;
- (3) If the information on the aforementioned checks received from the Department of State Police and/or FBI is not the same as my representation(s) above respecting either the absence of any conviction(s) or any crimes of which I have been convicted, my application to volunteer or participate as a student in the CNA Program is voidable at the option of the School.

I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan. I authorize the LISD to utilize the above information for the sole purpose of obtaining a file search of criminal conviction history.

Please forward the criminal history/record to LISD, Executive Director of Staff Resources, 4107 N. Adrian Hwy., Adrian, Michigan 49221. I agree that LISD may provide the criminal conviction history/record information received to other prospective employers and/or Lenawee Medical Care Facility as part of the CNA Program.

\_\_\_\_\_  
**\*SIGNATURE (IF UNDER 18 REQUIRES PARENT SIGNATURE)** **\*DATE**