Lansing School District Department of Public Safety

## 519 W. Kalamazoo, Lansing, Ml 48933

Telephone Number: 755-2030

**2018-2019** - **Volunteer Application {A** New Application Is Required Each School Vear}

A CLEAR Readable copy of your Driver's License or State ID must be attached to the application. **Application must be submited to the** school for processing. The **school will forward to** bruce.lankheet@lansingschools.net and ortencia.martinez@lansingschools.net.

**Must print clearly and neatly**

# Volunteer Volunteer

**First Name: Last Name:. \_**

# Volunteer

**Middle Initial**

# Date of Birth

## / /

Gender

Race

Telephone \_

month day year

Address City State

Zip

**Only one form is required when volunteering at multiple schools.**

School(s) name required Student/Child's Name \_

I have reviewed the **Emergency Use of Restraint and Seclusion Prodedures** available at

# [www.lansingschools.net/departments/public-safety](http://www.lansingschools.net/departments/public-safety) Yes□ NO D

I understand that a criminal background check **(ICHAT)** will be conducted as a part of a pre-placement screening process. All information is confidential and not for general knowledge. I release the Lansing School District, Michigan State Police, and local law enforcement from all liability in connection with this criminal background check. Any deliberate false information will lead to disqualification from volunteering for the Lansing School District.

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**>Additional·lnformati()n Required for Volunteers affiliated with $peciat,Ptograrn; Qtganiz tlon/or ":E.vent**·

Volunteer Si nature Date

**Volunteer Drivers** - **PLEASE READ and sign if requesting to drive on field trips.**

I hereby verify that I have a valid, unrestricted drivers license (copy attached). I believe the vehicle I am driving on this trip to be in safe operating condition. I possess vehicle insurance and I have adequate coverage for any risks involved.

Place Drivers License herel