

Lansing School District  
Department of Public Safety  
519 W. Kalamazoo, Lansing, MI 48933  
Telephone Number: 755-2030

**2018-2019 - Volunteer Application (A New Application Is Required Each School Year)**

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

**Must print clearly and neatly**

Volunteer First Name: \_\_\_\_\_ Volunteer 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

**Additional Information Required for Volunteers affiliated with Special Program, Organization or Event.**

Name of Program/Organization/Event: \_\_\_\_\_

Program or Organization Supervisor/Administrator \_\_\_\_\_ Contact # \_\_\_\_\_

List School(s) where event to be held: \_\_\_\_\_

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.

Volunteer Signature \_\_\_\_\_ 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.

\_\_\_\_\_ requesting to drive Signature \_\_\_\_\_ Date \_\_\_\_\_

The State of Michigan requires that any parent driving students on a field trip in their personal vehicle **MUST** have a booster seat with a lap and shoulder belt for each student under the age of 8 years old or 4'9" in height.

Place Drivers License here!