

**PLEASE RETURN COMPLETED
VOLUNTEER APPLICATION
& WAIVER FORMS TO:**

Community and Student Services
Grand Rapids Public Schools
1331 Franklin SE
Grand Rapids, MI 49506 Phone:
616.819.1821
Fax: 616.819.2017
Email: volunteer@grps.org



ALL volunteers must complete the new volunteer paperwork and wear their GRPS Volunteer ID Badge at all times while in the building.

- **A VOLUNTEER BADGE IS GOOD FOR TWO YEARS FOR ALL GRAND RAPIDS PUBLIC SCHOOLS.** The Volunteer ID will be sent to your school once the person has completed the Volunteer Application and Criminal History Authorization Forms and has been cleared. Furthermore, volunteers will not have access to student records or have access to a school/building without the principal being present. Principals, you are held liable for your buildings. This is a non-negotiable policy.
- **WHO IS CONSIDERED A VOLUNTEER?** Any / all persons providing services, on a regular basis, for Grand Rapids Public Schools (and our students) that are not paid by GRPS. This includes, student teachers, teacher assistants, interns, parents, etc.
- **PROCESSING TIME:** Please allow a minimum of two to three weeks after the application is received in the volunteer office for processing.

Thank you for your continued cooperation.



APPLICATION TO VOLUNTEER

Date of Application

School at Which You Wish to Volunteer

Name of Student **(if Parent)**

Last Name

First Name

Middle Name

Address

City

State

Zip Code

Home/Cell Phone

Work Phone

Birth Date

E-Mail Address **(You will be notified of approval via email.)**

Are you with a community program?

Yes

No

If yes, which program? _____

Are you paid to work in a school health program?

Yes

No

Are you currently volunteering in a school health program?

Yes

No

GRAND RAPIDS PUBLIC SCHOOLS | CRIMINAL HISTORY AUTHORIZATION

WAIVER OF LIABILITY AND RELEASE OF CLAIMS FOR VOLUNTEERS

As a prospective volunteer of the Grand Rapids Public Schools, I authorize the Grand Rapids Public Schools to request from the Criminal Records Division of the Department of State Police and the Grand Rapids Police Department a criminal history check prior to an offer using the information below.

LEGAL NAME (please print) _____
Last First Middle

Maiden name / Names previously used _____

Birth Date _____ Age _____

Race _____ Sex _____

Do you have a felony? Yes No

Will you give the Appeals Committee permission to review and discuss your conviction?

Yes No

I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan and the Grand Rapids Police Department, Grand Rapids, Michigan. I hereby release and forever discharge Grand Rapids Public Schools, the State of Michigan and the City of Grand Rapids and their agents, officers, and employees from any and all actions, causes, claims and demands for, upon or by reason of any damage, loss of injury, which may be sustained by me in nature of libel, slander, invasion of privacy or other resulting from errors or omissions in the information given or from the use of the information, whether by reason of unauthorized use, negligence or otherwise.

Volunteer Signature _____ Date _____

Witness/Parent Guardian if minor (under 18 years of age) _____ Date _____

I have not been convicted of, or pled guilty or nolo contendere (no contest) to, any crimes, including both felonies and misdemeanors.

I have been convicted of, or pled guilty or nolo contendere (no contest) to the following crimes, including both felonies and misdemeanors, but not including traffic citations unless they resulted in the suspension or revocation of your driver's license (use separate sheet to explain nature of conviction, date and court and attach to waiver form):

OFFICE USE ONLY

ICHAT Completed _____

Sex Offender Registry Check Completed _____ ID Issued _____

VOLUNTEER APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application to volunteer in the Grand Rapids Public Schools, and I have voluntarily signed the attached Criminal History Authorization/Waiver of Liability and Release of Claims form. I further understand and agree that I have an obligation to immediately notify the building administrator and/or school official if I am charged with and/or convicted of any crime, whether felony or misdemeanor (does not include traffic citations, unless the traffic violation resulted in the suspension or revocation of you driver's license).

This application shall be considered active for a period of time not to exceed 100 days. Any applicant wishing to be considered beyond this time period should inquire as to whether or not the applications are being accepted.

I understand and acknowledge that any volunteer relationship with the Grand Rapids Public Schools is of an "at will" nature, which means that the volunteer may resign at any time and the Grand Rapids Public Schools may release the volunteer at any time with our without cause. There is no entitlement or property right to be a volunteer in the Grand Rapids Public Schools. It is further understood that the "at will" relationship may not be changed by any written document, unless such change is specifically acknowledged in writing by the Superintendent.

By signing this form, I understand that false and/or misleading information given in this application or any interviews will result in release.

I understand that volunteers serving in the District serve without financial compensation.

I understand also that I am required to abide with and am bound by all polices, rules/regulations and procedures of the District.

Signature of Volunteer Applicant

Date

GRAND RAPIDS PUBLIC SCHOOLS | VOLUNTEER CONFIDENTIALITY STATEMENT

I, _____, acknowledge that as part of my volunteer activities I may have access to confidential student information. This information may be in the form of student's address and telephone number, grades, medical conditions, performance on classroom assignments or disciplinary matters. I also understand that this information is protected by the Family Educational Rights and Privacy Act (FERPA) and the disclosure of confidential student information without permission is a violation of the law.

_____ (*please initial*) I will not, under any circumstances, disclose the confidential or personally identifiable student information of Grand Rapids Public School students to any entity without the prior written consent of GRPS, the parent or eligible student (student 18 years or older).

I HAVE READ AND UNDERSTOOD THE ABOVE CONFIDENTIALITY STATEMENT AND I AGREE TO COMPLY WITH IT.

Printed Name

Signature

Organization/Position

Date

Thank you for volunteering in the Grand Rapids Public Schools.

The Grand Rapids Public Schools is an Equal Opportunity Institution.