



**SAUGATUCK  
PUBLIC SCHOOLS**

**THIS FORM WILL BE KEPT CONFIDENTIAL**

**VOLUNTEER CONSENT APPLICATION**

Saugatuck Public Schools  
201 Randolph Street, PO BOX 818, Douglas, MI 49406  
Phone: 269-857-1444 Fax: 269-857-1448 www.saugatuckps.com

A priority for Saugatuck Public Schools is to ensure the safety and welfare of our students. Volunteer screening is a part of this effort. Individuals applying for levels I, II and III volunteer positions will need to complete this form in order to authorize a criminal history background check. Please submit the form to the school office along with this application. The information will be forwarded to the Central Office where the background check will be run. Saugatuck Public Schools will handle this information confidentially, like it handles employee personnel records. Once the background check is completed, your name will be added to the list of cleared volunteers. If a question arises regarding the information received during the background check, you will be contacted directly.

**ALL BLANKS ARE REQUIRED TO BE FILLED IN**

Parent/Guardian       Grandparent       Other \_\_\_\_\_

**PLEASE PRINT LEGIBLY:**

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

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

Race:  White      Sex:  Male       Female  
 Black  
 Asian or Pacific Islander  
 American Indian or Alaskan Native  
 Other

MI Driver License Number: \_\_\_\_\_

Maiden/Other Name or Alias': \_\_\_\_\_  
\_\_\_\_\_

**PLACEMENT INFORMATION**

One application can be used for multiple buildings/volunteer opportunities. Please check all that apply.

Specific School Building Preference:

Douglas Elementary       SPS Middle School       SPS High School       Community Recreation

Volunteer Opportunity Preference: (Please select all that apply.)

In Class       After School       Field Trips       Athletic Coach/Volunteer       Other \_\_\_\_\_

**Volunteer application must be submitted 48 hours prior to event. Application will not be processed same day.**

**OFFICE USE ONLY**

Checked By: \_\_\_\_\_

Background Check:

Approved       Denied      Level:  I       II Driver       III

**OVER**

SELECT A VOLUNTEER LEVEL (Please select one option.)

Level I Volunteer Positions

Must: Be conducted in a setting that is accessible to staff or other adults at any time

May: Require direct student supervision  
Include solitary time with students  
Be conducted outside the view of staff or other adults  
Involve access to confidential information

Level II Volunteer Positions

May: Be a Volunteer Driver, in addition to a Level I or Level III Volunteer

**Additional Information Required:**

Copy of Drivers License and Proof of Auto Insurance

Level III Volunteer Positions

May: Include solitary time with students  
Be conducted outside the view of staff/other adults

Be conducted in a setting not accessible to staff

Be conducted in a setting determined by the volunteer

Include Overnight supervision

Be conducted in a private home or a community setting

**Additional Form Required:**

Livescan Fingerprint Request

BACKGROUND INFORMATION

Have you ever been convicted of a felony?

Yes

No

Have you ever been convicted of a misdemeanor?

Yes

No

Have you ever been found to have committed one or more acts of immorality, moral turpitude or inappropriate behavior involving a minor, or a commission of a crime involving a minor?

Yes

No

If "yes" to any or all of these questions, please explain:

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**ACKNOWLEDGMENT OF TERMS:** I understand the Central Records Division of the Michigan State Police, Lansing, Michigan, requires the above information. I authorize Saugatuck Public Schools to utilize the above information for the sole purpose of obtaining a conviction-only criminal history file search. I understand the need for volunteer services will be determined at the discretion of SPS staff and that the needs of the services may vary from year to year. I understand that a volunteer's service may be terminated at any time, for any reason or no reason at all, at the discretion of either SPS or the volunteer. I certify the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient for denial of participation or termination.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_