



### VOLUNTEER RELEASE FORM

I am offering my services as a volunteer to help the HPS District in the following building(s): (Check all applicable)

- |   |  |
|---|--|
| <input type="checkbox"/> District-wide                      | <input type="checkbox"/> Athletics                     |
| <input type="checkbox"/> Challenger Elementary School       | <input type="checkbox"/> Parker Middle School          |
| <input type="checkbox"/> Highlander Way Middle School       | <input type="checkbox"/> Southeast Elementary School   |
| <input type="checkbox"/> Howell High School Freshman Campus | <input type="checkbox"/> Southwest Elementary School   |
| <input type="checkbox"/> Howell High School                 | <input type="checkbox"/> Three Fires Elementary School |
| <input type="checkbox"/> Hutchings Elementary School        | <input type="checkbox"/> Voyager Elementary School     |
| <input type="checkbox"/> Northwest Elementary School        |  |

Teacher(s): \_\_\_\_\_

Pursuant to HPS Policy 3120.09 and 4120.09, any person who volunteers to work with the District shall be screened through the Internet sites for the Sex Offenders Registry (SOR) list, the Internet Criminal History Access Tool (ICHAT) criminal history records check and the Offender Tracking Information System (OTIS) prior to being allowed to participate in any activity or program. I understand the check is mandatory and agree to provide the following personally identifiable information (please print legibly):

1. Legal Name: \_\_\_\_\_  
(First Name, Middle Initial, Last Name)
2. Date of Birth: \_\_\_\_\_
3. Sex: M \_\_\_\_\_ F \_\_\_\_\_
4. Driver's License Number and Issuing State: \_\_\_\_\_
5. City and County of Residence: \_\_\_\_\_
6. Race: \_\_\_\_\_
7. Maiden Name (if applicable): \_\_\_\_\_
8. Other Aliases (i.e. previous married Name, etc): \_\_\_\_\_
9. Student(s) Name: \_\_\_\_\_

For the protection of children, the District is required by law to inquire of its volunteers whether or not they have ever been convicted of a crime related to children. **Please indicate on the line below whether you have ever been convicted of any of the following offense(s):** *aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, aggravated menacing, abuse or neglect of a child, kidnapping, abduction, child stealing, criminal child enticement, rape, sexual battery, corruption of a minor, gross, sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually-oriented matter involving a minor, illegal use of a minor, in nudity-oriented material or performance, endangering children, contributing to the delinquency of children, carrying concealed weapons, improperly discharging a firearm at or into a school or house, corrupting another with drugs, placing harmful objects in or adulterating food or confection.*

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\_\_\_\_\_ NONE (Check here if you have not been convicted of any of the above referenced offenses)

**ACCEPTANCE:**

- a. As a volunteer, I work under the supervision and direction of HPS District staff.
- b. As a volunteer, I am not in any manner considered an employee of the HPS District or entitled to any benefits provided to an employee.
- c. I agree to abide by all HPS District rules, administrative guidelines and policies (which may be found at [www.howellschools.com](http://www.howellschools.com)) while on duty as a volunteer including signing, if applicable the District's Network and Internet Access Agreement Form(s).
- d. In accordance with HPS Board policy and Administrative Guideline 2340F, I agree to complete Form 2340 F8 prior to serving as a chaperone for a school trip.
- e. I understand that although I am covered under HPS District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for Workers' Compensation.
- f. If I become ill or suffer an injury as a result of volunteer services for the HPS District, I release the HPS District of any obligation; agreeing that I shall be responsible for any and all hospital and medical charges that may accrue.
- g. I agree that it is my responsibility to notify the HPS District by way of contacting the Executive Director of Labor Relations and Personnel if the status of my criminal history information changes in any way after the date on this form.

By completing this form and signing below, I agree to all of the above referenced provisions (a-h). In addition, I authorize the HPS District thru designated employee(s), to conduct a criminal history file check as set forth in HPS Board Policy 3120.09 and 4120.09.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Note: If sending completed form by fax, please fax directly to the building(s) in which you are offering volunteer services.