



VOLUNTEER'S WAIVER OF LIABILITY AND RELEASE OF CLAIMS

In accordance with State law and district policy, any person who volunteers within the school district shall have a Criminal History Records Check conducted prior to participating in any program or activity.

I hereby authorize the Michigan Department of State Police to release any information it may have in its records or may obtain from other sources under my name and birth date to the **Jenison Public School Board of Education**, and I hereby release and forever discharge the State of Michigan and the Michigan Department of State Police and its agents, officers, and employees from any and all actions, causes or actions claims and demands for, upon or by reason of any damage, loss or injury, which may be sustained by me in the 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.

Last First Middle

Address

City State Zip
/ /

Maiden Name/Other Names (if applicable) Date of Birth

School/Building

___ Male ___ Female

___ American Indian or Alaskan Native ___ White ___ Black / African American
___ Native Hawaiian or Pacific Islander ___ Hispanic/Latino ___ Asian American

Please answer the following questions:

Have you ever been convicted of a criminal offense? ___ Yes ___ No
Do you have any felony charges pending against you? ___ Yes ___ No

If you have answered yes to any of the above, please explain the circumstances on the reverse side of this form.

Driver's License Number () - Phone Number

Email

Organization Volunteering With

Student/Child's Name (Please print) Teacher/Classroom Volunteering In

Signature Date