

Volunteer ICHAT Registration Form

Byron Area Schools
Byron, Michigan 48418

Teacher/Organization _____

The Byron Area Schools Board of Education recognizes that volunteers can provide valuable services in helping the school district deliver educational programs for all students. The Board also recognizes its' responsibility to the students of the district to make sure that their best interests are pursued at all times. To that end, all regularly scheduled volunteers are asked to fill out this form and approval of the building administrator will be required before a volunteer can be utilized.

Please answer the following questions:

- Have you ever been convicted of a felony? Yes No
 If "Yes," when/what/where? _____
- Are you currently involved with any court orders or pending legal action? Yes No
- Are you currently, or have you been, involved in substance abuse rehabilitation in the previous five years?
 Yes No
- Will you abide by the Policies adopted by the Byron Board of Education? Yes No

I attest that all of the above statements are true.

Name (please print) _____
Last First Middle Initial

Street Address _____ City _____ Zip Code _____

Race _____ Sex: Male Female

Birth date _____ Birthplace _____
Month Day Year City State

Maiden Name: _____ (_____) _____
 Phone Number (Area Code must be included)

Please list two references that the Building Administrator can contact to verify your statements:

#1. Name _____
 Address _____
 City _____ State _____ Phone #: _____

#2. Name _____
 Address _____
 City _____ State _____ Phone #: _____

Signature _____ Date _____

References verified by _____ ***Date*** _____