

AUGRES-SIMS SCHOOL DISTRICT VOLUNTEER REGISTRATION RECORD

PERSONAL DATA:

Volunteer Name (Last, First, Middle Initial): _____

Birth Date: _____ Social Security Number: _____

Home Address: _____

Home Telephone Number: (____) _____

Previous or Other Names Used: _____

Person to Notify in Case of Emergency: _____

 Telephone Number: _____

 Address: _____

Do you have use of a motor vehicle? (If required in the performance of your duties) Yes _____ No _____

Do you have a valid Michigan Driver's License? Yes _____ No _____

Driver's License Number: _____

How many hours do you wish to work per month? _____

ENTER DAYS AND HOURS AVAILABLE BELOW:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Mornings							
Afternoons							
Evenings							

Do you have any disabilities that should be taken into consideration in making a placement?

No _____ Yes _____ (describe): _____

Describe the type of volunteer work desired: _____

Have you been identified as a perpetrator of child abuse or neglect? Yes _____ No _____

Have you been convicted of a felony? Yes _____ No _____

Have you been convicted of a misdemeanor? Yes _____ No _____

Have you received any moving traffic violations? Yes _____ No _____

Do you have a felony charge pending? Yes _____ No _____

INTEREST AND SKILLS:

My interests and skills include: _____

I like to work with: _____

Things I prefer not to do: _____

I would like to learn more about: _____

I want to volunteer because: _____

List organizations you belong to: _____

How did you hear about the AGS volunteer program? _____

EMPLOYMENT/VOLUNTEER HISTORY:

Paid Position: (Name, address and phone number of current or most recent employer)

If currently employed, may I contact you at work? Yes _____ No _____

Describe volunteer experiences: _____

Have you ever been employed or volunteered for the AuGres-Sims Schools?

No _____ Yes, employed _____ Yes, volunteered _____

If yes, give department and dates: _____

EDUCATION AND TRAINING:

Highest grade completed: _____ High School Diploma or GED: Yes _____ No _____ Year given: _____

Describe education or training beyond high school: _____

REFERENCES:

Name	Relationship	Address	Phone	Verified
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I hereby give my permission for the AuGres-Sims School District to contact references, conduct a criminal record check, and a driving record check with the State of Michigan.

Volunteer Signature _____ Date _____

Signature of parent/guardian if volunteer is a minor _____ Date _____

OFFICE USE ONLY:

Criminal record check completed: Date _____ Results: _____

Volunteer will _____ will not _____ be transporting persons.

State of Michigan driving record check completed: Date _____ Results: _____

Copy of Driver's License on file: Yes _____ No _____

Copy of Proof of Insurance on file: Yes _____ No _____

Copy of Vehicle Registration on file: Yes _____ No _____

Placement notes: _____

The AuGres-Sims School District will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs, or disability.