



Application for Volunteer Services

Michigan City Area Schools, 408 S. Carroll Avenue, Michigan City, IN 46360
219-873-2000

Form # 516a
Rev. 9/08

Thank you for your willingness to serve as a volunteer for the Michigan City Area Schools! As a volunteer, you are making an important commitment. Please remember that even though you are not being compensated for your work, our staff will be depending on you. We trust you will honor your commitment just as conscientiously as if you were receiving wages. We're counting on you!

Date: _____

Ms. Mrs. Mr. _____
Last Name First Name Middle Initial Telephone

Address: _____
Street City State Zip

E-Mail Address: _____

In Case of Emergency Notify: _____
Name Relationship Telephone

Please list two (2) references with address and phone numbers: (non-relatives)

1. _____

2. _____

Currently a Student: High School College _____
Name of School Major

Currently Employed: _____
Employer

Employment Experience: _____

Please select the places/activities for which you would like to volunteer:

- Elementary Schools
- Classroom Help
- Office
- Assisting Teacher
- Fundraiser
- Middle/High Schools
- Library Help
- Lunch Room Help
- Reading Help
- Other _____

Preference of specific school site: _____

Day(s) of the week available to volunteer: _____ Time: _____

Can you speak a foreign language? Y / N Language: _____

Have you ever been convicted of a felony? Y () N () If yes, explain: _____

I have read and understand Michigan City Area Schools' Guidelines for Volunteers. I agree to conform to the school district's rules and regulations. I have made complete and correct answers/statements on this application.

Signature: _____

Parent Signature: _____
(for volunteers under age 18)

Date: _____

Office Use Only:	
School	_____
Date BBP Viewed	_____
Criminal Check	_____
Date Approved	_____



Michigan City Area Schools Guidelines for Volunteers

- 1. Your main concern while engaged in school activities should be the safety and education of all students.**
- 2. You must not give students medication.**
- 3. You must not discuss individual students' grades, records or abilities. This is personal and confidential information.**
- 4. You may not supervise a classroom or discipline students. These are the responsibilities of the teacher and the school.**
- 5. You will be assigned only to staff members and/or students requesting help.**
- 6. You should set a good example for students by your manner, appearance and behavior.**
- 7. Your volunteer involvement is limited to the school site, during school hours, and at school-sponsored activities.**
- 8. You are required to complete an application form annually before helping in the school.**
- 9. You must sign in and wear a name badge when helping with school activities.**



Volunteer Approval Process Michigan City Area Schools

- 1. School sites identify volunteer.**
- 2. Volunteer reads MCAS Guidelines for Volunteers and views the Blood-Borne Pathogens DVD at the school site (school nurses have copies).**
- 3. Volunteer completes application form.**
- 4. The school faxes the form to the Personnel office.**
- 5. Personnel office completes the criminal check.**
- 6. Personnel office processes the application and if approved, faxes back to the school. If denied, Personnel office will notify the school.**
- 7. A file of all volunteers is kept at each school site and at central office Personnel.**
- 8. Volunteers must complete and sign a new volunteer form annually before helping in the school.**
- 9. The school principal is responsible for providing the volunteer with Guidelines and supervising the volunteer.**
- 10. If a volunteer is declined due to the police background check, principal will notify teacher and volunteer. If the volunteer wants additional information, they are to be referred to Volunteer Coordinator.**



Volunteer Consent Form

I hereby affirm that the statements made in this letter of application are true to the best of my knowledge and belief. I understand that my volunteer opportunity may be terminated if there has been willful misrepresentation of submitted material.

Additionally, I hereby authorize Michigan City Area Schools to conduct a police record inquiry to determine my acceptability as a MCAS volunteer.

Dated this _____ day of _____, _____

_____-_____-_____
Social Security Number

Date of Birth

Printed Name

Signature

Sex:

- M
- F

Race:

- Asian / Pacific / American Indian / Alaskan
- White
- Black
- Multi-Racial
- Unknown