

**SERIES 300
INSTRUCTION**

Administrative Exhibit 353.1

SCHOOL VOLUNTEER APPLICATION

The recommended method of applying to become a school volunteer is through the online application process at www.marshallschools.org. If online application is not possible, a paper application is available at the district office and may be submitted to the district administrator.

Volunteer Name: _____
 First Middle Last

Address: _____
 Street City Zip

Email: _____ **Phone 1:** _____ **Phone 2:** _____

Name of child(ren): _____

At which Marshall school(s) do you wish to volunteer?

- ELC Elementary Middle School High School

Emergency Contact Information (*Optional emergency medical information may be provided on reverse side*)

Emergency Contact Name: _____ Relationship: _____

Address: _____ Phone: _____

Criminal Records Check Authorization

Date of Birth: _____ Gender: Male Female Social Security #: _____

Race: Hispanic White, not Hispanic Black Asian or Pacific Islander
 American Indian or Alaskan Native Unknown

Have you ever been convicted or pleaded no contest to any violation of law, other than a minor traffic violation?
 YES NO If yes, please list date, location and charges (including pending charges).

The District shall conduct, at district expense, a state criminal records check on all volunteers who have contact with students or who have supervisory responsibility for children at a school site or on school-sponsored trips. Such information shall be considered in determining volunteer status. I authorize the District to conduct a criminal background check.

I understand that as a volunteer, I am not entitled to compensation for my service to Marshall Public Schools. I understand that I am expected to follow the rules of conduct for the school district and that my volunteer service can be ended when no longer needed.

Volunteer Signature: _____ **Date:** _____

OFFICE USE ONLY <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved (letter sent _____)

Optional Information to be Used In Case of Emergency

Physician's Name: _____ Clinic: _____

Hospital to be Used: _____

Current Medications: _____

Any Allergies or health concerns that the school/nurse should know about: _____

Do you go into shock or have difficulty breathing when stung by an insect? Yes No

If yes, Type of Insect: _____ Do you carry an epi-pen? _____

List any special instructions or actions you wish to be taken in case of emergency:

I understand that the above information will be shared with the appropriate staff and/or medical personnel in the event that I would need medical assistance while volunteering in the school district.

Volunteer Signature: _____ **Date:** _____

Cross Reference: 353.1, School Volunteers
Administrative Rule 353.1 School Volunteer Approval Procedure

Date of Adoption: November 16, 2011

Date of Revision: April 16, 2014
December 20, 2017