

PLEASE ALLOW 2 WEEKS FOR PROCESSING

**Lapeer Community Schools
Volunteer Application**

Name of Volunteer (Mr., Dr. Mrs., Ms., Miss) _____
(One volunteer per application please) Please Use Ink and Print

Child/ren's First/Last Name(s) _____

Name of School(s) _____

Volunteer's Mailing Address _____ City _____ State ____ ZIP _____

Home Phone#: _____ Work/Cell Phone#: _____

I understand that misrepresentation or omission of facts required in this application is cause for rejection of the application or termination of any volunteer services you are involved in at the time such misrepresentation becomes known.

Applicant will receive written notification when application is approved.

As a prospective volunteer of Lapeer Community Schools, I understand that part of the volunteer screening process is to conduct a Criminal History and Sex Offender Registry check using the **REQUIRED INFORMATION** provided by me below:

Name _____
(Last) (First) (Middle Initial)

Maiden Name/Names Previously Used _____

Birthdate ____/____/____ Race _____ Please Circle: Male or Female

Have you ever been convicted of a felony? _____ Please provide a "yes" or "no" answer. If yes, explain when, where, and the nature of the offense: _____

I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan. I authorize **Lapeer Community Schools** to utilize the above information for the sole purpose of obtaining a "conviction-only" criminal file search.

Applicant's Signature _____ Date _____

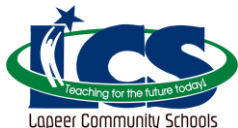
Original signature required for processing – no copies or faxes accepted

Office Use Only

Application Approved by: _____ Expiration Date: _____

Criminal History Check/Date _____ Sex Offender Registry Check/Date _____

Comments: _____



**PRIVATE TRANSPORTATION/SCHOOL FIELD TRIPS/EXTRA CURRICULAR TRIPS
VOLUNTEER DRIVER GUIDELINES and APPROVAL
VALID FOR ONE SCHOOL YEAR**

I agree to provide pupil transportation services on a volunteer basis for the following School Sponsored Activity:

_____ trip to _____ on _____
(School) (Event) (Date of Activity)

As a volunteer driver for a field trip for (Lapeer Schools), I hereby state:

- that I own/lease the vehicle described below
- that my vehicle is in excellent working order
- that I will obey all motor vehicle driving laws
- that each passenger will have his/her own safety belt and will wear it during the entire trip
- that I am not taking any medication or any other substance that may adversely affect my ability to drive
- that I understand that my driving record will be checked and that I may be excluded from providing pupil transportation services based on certain traffic offenses
- that I will follow the exact route as prescribed by the classroom teacher/coach/advisor
- that I have full insurance, including medical coverage
- that I possess a current and valid Michigan drivers license and am at least 21 years of age
- that I understand my automobile insurance provides primary coverage
- that I will not use my cell phone or other technology while driving

Please Print:

Name: _____ Address: _____

Phone No: _____ Driver's License No: _____

Vehicle Description (type, year, make): _____ # Seat Belts: _____

Vehicle Insurance Carrier: _____

Policy No: _____ Current Expiration: _____

Liability Limits of Policy*: _____

*Please note: The minimal, acceptable liability limit for privately owned vehicles is \$100,000/\$300,000

- A. The primary coverage for a private vehicle is the driver's automobile insurance
- B. The driver's car insurance would provide primary coverage for medical and liability
- C. The driver of the car is liable for passengers in their vehicle during transportation to and from the field trip.

**Copies of the following must be attached for consideration:
Driver's License, Vehicle Registration & Copy of Automobile Liability Insurance**

I have read and understand the above guidelines and agree to follow these guidelines. I further agree that if there are any changes to the above information, I will notify the District.

Signature Date

Approved by: _____
Principal or Designee Date

For Office Use Only
 Copy of Driver's License Copy of Automobile Liability Insurance
 Copy of Vehicle Registration Copy of ICHAT Document