

VOLUNTEER DATA SHEET

MICHIGAN CONFERENCE OF SEVENTH-DAY ADVENTISTS

For Office Use Only

Date Approved _____

By _____

Work Assignment _____

Adventist Screening Verification Completed: _____

Name: _____

Street Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Church: _____

Section I (Health History)

Volunteerism in an education setting requires physical activity of various kinds as well having overall good health. By checking the box "yes" you are stating that there isn't anything preventing you from carrying forward activities in a school setting.

_____ Yes _____ No I am physically able to volunteer.

If no, please explain. _____

Section II (Vehicle/Driver Information)

Volunteers driving students will need to complete the Driver Information Form.

Section III (Unlawful Conduct)

Have you ever been convicted of a crime or listed on a Central Registry of felons or abusers?

_____ Yes _____ No If yes, please give the following information.

Date: _____ Place _____

If Yes, please describe: _____

Have you ever been charged with child abuse or sexual misconduct involving children or listed on a Central Registry regarding such offenses? _____ Yes _____ No

If yes, please give the following information.

Date _____ Place: _____

If yes, please describe: _____

Section III has been included in this form to provide information to the Michigan Conference to assist in the protection of our children. Information provided in this section may generate further inquiries regarding these issues, but the information will be kept confidential and will be seen by a very few individuals on a need-to-know basis. If either question in Section III is answered with a “yes”, the form will be submitted to the Michigan Conference Department of Education for further review. We regret having to include a section on unlawful conduct; however, it is necessary to protect children, parents, volunteers and the church itself. To comply, Adventist Screening Verification must be completed prior to participating in any volunteer activities.

Section IV (Statement of Accuracy)

The above information is accurate to the best of my recollection. I understand this is strictly a “volunteer” position and I will receive no remuneration including denominational service credits, fringe benefits, or worker’s compensation for services and time volunteered.

Date _____

Printed Name

Signature

NOTES:

1. Please make sure you have checked the appropriate boxes in Section III and signed your name in Section IV.
2. When a classroom teacher requests the services of a volunteer, the principal is not to release specific information and may respond only with “recommended,” “not recommended,” or “recommended with conditions noted.”
3. All information on this application will become a permanent record and should include updates. In the event of accusations against the applicant, opportunity should be given for response by the accused. This response also becomes part of the record.