



Volunteer's Waiver of Liability and Release of Claims

I hereby authorize the Michigan Department of State Police to release any information it may have in its records or may obtain from other sources under my name and birth date to the **Jenison Public School Board of Education**, and I hereby release and forever discharge the State of Michigan and the Michigan Department of State Police and its agents, officers, and employees from any and all actions, causes or actions claims and demands for, upon or by reason of any damage, loss or injury, which may be sustained by me in the nature of libel, slander, invasion of privacy or other resulting from errors or omissions in the information given or from the use of the information, whether by reason of unauthorized use, negligence or otherwise.

Last (<i>please print</i>)	First	Middle
Address		
City	State	Zip Code
Maiden / Other Names (<i>if applicable</i>)		
Birth date	Sex	Driver's License Number

ETHNIC BACKGROUND:

<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian American
<input type="checkbox"/> White	<input type="checkbox"/> Black / African American
<input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> Hispanic / Latino

IN ACCORDANCE WITH DISTRICT POLICY, ANY PERSON WHO VOLUNTEERS TO WORK WITH THE DISTRICT SHALL BE SCREENED THROUGH THE INTERNET SITES FOR THE SEX OFFENDERS REGISTRY (SOR) LIST, THE INTERNET CRIMINAL HISTORY ACCESS TOOL (ICHAT) CRIMINAL HISTORY RECORDS CHECK AND/OR THE OFFENDER TRACKING INFORMATION SYSTEM (OTIS) PRIOR TO BEING ALLOWED TO PARTICIPATE IN ANY ACTIVITY OR PROGRAM.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?

- YES
- NO

DO YOU HAVE ANY FELONY CHARGES PENDING AGAINST YOU?

- YES
- NO

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN THE CIRCUMSTANCES. (USE REVERSE SIDE)

Signature

Date

Phone Number

Student/Child's Name and Building (please print)

**This form, along with the background check is good for one year from the date the background report was run. Record of this waiver and the background report will be kept in the personnel office for life of the report. If you have any questions regarding this form, please call the Human resources office at 616-457-8890.

WEST MICHIGAN RISK MANAGEMENT TRUST
VOLUNTEER DRIVER INFORMATION SHEET

Driver:

Name	Date of Birth
Address	Soc. Security #
	Phone #
Driver's License #	*COPY OF LICENSE MUST BE ATTACHED*

Vehicle that will be used:

Owner	Year/Make
Address	Model

Note: If more than one vehicle is to be used, an information sheet must be provided for each vehicle.

Insurance Information: ✕

When using a privately owned vehicle, the insurance coverage is the limits of the insurance policy covering that specific vehicle. A copy of the vehicle's insurance certificate must be attached. ✕

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

Certification:

I Certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, hold a valid Michigan driver's license, and have the required insurance coverage in effect on any vehicle used to transport students. I further certify that to the best of my knowledge I do not have more than 7 points on my drivers license nor do I have any outstanding driving related court cases.

Signature

Date