ANCHOR BAY SCHOOL DISTRICT

Volunteer Registration Form 2017-18

Volunteers to our schools are vital to our successful operation. We thank all of those individuals who devote their time and energy to making our schools a better place for all.

Please complete the information below. A background check through the Michigan State Police will be performed. Once the results are received from the State Police, your name will be made available to your school and you may volunteer following your building's procedures. Check with your school office for information on your eligibility. Your signature indicates your consent to a Michigan State Police background check.

• One person per form.

High School

• Volunteer background check requests must be received at Central Administration at least ten (10) days prior to event.

M.S. South

Ashley

Great Oaks

Which school do you wish to volunteer?

M. S. North

Lighthouse	Lottie S	chmidt	Maconce	Naldre	tt Sugarbush
ECSE Preschool (V		school (Was	shington)	Preschoo	l (MacDonald)
<u>PLEASE</u>	PRINT CLEA	RLY:			
Volunteer I	Name: First	1	Middle Initial	Last	
Other names used (including maiden name):					
Required:	Volunteer Date	of Birth:			
Required:	Contact Phone	Number:			
Required:	Gender (Circle)	: Male		Female	
Required:	White		Black	Asian/F	Pacific Islander
	American Indian/Alaskan Native				Other
******************ATTACH A COPY OF YOUR DRIVER'S LICENSE ***********************************					
Required:	Volunteer Sign	ature:			
Child's First & Last Name:					
Date of Field Trip / Event:					