

Byron Center Christian School Volunteer Policy Agreement Form

As a volunteer at Byron Center Christian School, I realize that I will not be paid or compensated in any manner for my services.

I agree to submit to a background check completed by the school's administrative team utilizing the State Of Michigan's internet criminal history access tool (ICHAT) in order to work in the school setting. While working as a volunteer, I understand that I may not be covered with liability insurance. Liability and accident insurance is not provided for all volunteers. I understand that I should consult with my own insurance agent regarding the extension of my personal insurance to include community volunteer work.

I realize that my services do not replace or relieve the teachers from their responsibilities, but rather serve to allow the teachers to do a better job in completing their assignments.

If problems arise during my work as a volunteer, I understand that I should discuss these problems with the teacher or employee I am working with. If necessary, I will make the principal aware of concerns that cannot be handled by the teacher or staff employee with whom I am working.

If I cannot fulfill my responsibilities as a volunteer, I will make the principal or appropriate staff member aware as soon as possible so arrangements can be made to cover my responsibilities. If the school does not need my volunteer services, I understand that a BCCS staff member will make every effort to notify me in advance.

Violation of this policy jeopardizes a parent's invitation to volunteer.

I have read, understand, and agree to adhere to the terms of this policy for the 2019/20 school year.

For field trip transportation, please submit a valid driver's license and proof of insurance to a member of the office staff.

Volunteer Name PRINT (First, Middle, Last) Birthdate Race

Volunteer Signature and Date Date

FOR OFFICE USE ONLY

If serving as a field trip driver/chaperone, please provide the following information to office staff.

____ Valid Driver's license - expiration date _____

____ Proof of insurance - expiration date _____

Signature of Principal/Office Staff Date