



CASSOPOLIS PUBLIC SCHOOLS

**Cassopolis Public Schools
Administration Office**
725 Center Street
Cassopolis, MI 49031
Phone: 269-445-0500
Fax: 269-445-0505
www.cassopolis.k12.mi.us

Superintendent
Dr. Angela Piazza
269-445-0503

Sam Adams Elementary School
114 S. Depot Street
Cassopolis, MI 49031
Phone: 269-445-0517
Fax: 269-445-0521

Principal
DeeAnn Melville-Voss
Phone: 269-445-0515

Assistant Principal
Debora Stermer
Phone: 269-445-0530

Ross Beatty Jr./Sr. High School
22721 Diamond Cove Street
Cassopolis, MI 49031
Phone: 269-228-5833
Fax: 269-445-3112

Principal
David VanLue
Phone: 269-445-0506

Dean of Students/Athletic Director
Matthew Brawley
Phone: 269-445-0543

Adult/Alternative Education
725 Center Street
Cassopolis, MI 49031
Phone: 269-445-0536
Fax: 269-445-2100

Director
Jeff Wernette

Special Education Director
Sara Park
Phone: 269-445-0503
Fax: 269-445-0505

Chaperone/Volunteer Release Form

Thank you for chaperoning/volunteering your time to our district. Your efforts are certainly appreciated by the staff and students of Cassopolis Public Schools. With the passage of the School Safety Legislation Act, effective 1/1/2006 which requires any person who volunteers to work with the District to be screened through the Internet Criminal History Access Tool criminal history records check prior to being allowed to participate in any activity or program, it is imperative that you read and sign the following. Please sign and return this form to the appropriate building administrator prior to your volunteer work. If you have any questions or concerns about the School Safety Legislation Act, please do not hesitate to contact our Administration office at 269-445-0503.

For the protection of the children in the school, the District is required by law to inquire of its staff members whether or not they have ever been convicted of a crime related to children. We would appreciate your cooperation by indicating that you have never been convicted of any of the following offenses including, but not limited to: *aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, aggravated menacing, abuse or neglect of a child, sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually-oriented matter involving a minor, illegal use of a minor in nudity-oriented material or performance, endangering children, contributing to the delinquency of children, carrying concealed weapons, improperly discharging a firearm at or into a school or house, corrupting another with drugs, placing harmful objects in or adulterating food or confection.*

I have been convicted of a crime related to children: NO _____ YES _____

If yes, list any convictions: _____

I agree to allow Cassopolis Public Schools to perform a criminal history records check.

Full Name _____ Date of birth _____

Signature _____ Date _____

I have offered my services as a chaperone/volunteer to help the district in the following areas:

Approved by Principal
School Year: _____

Date

It is the responsibility of the volunteer to work with Local Law Enforcement to clear any items listed on a background check. It shall be the discretion of the building Principal or other designated Administrator to limit the type of volunteering based on information listed on a background check in conjunction with Local and State Laws.

I hereby acknowledge and agree to the following:

1. I have offered my services as a volunteer to help the Cassopolis Public School District.
2. I agree to abide by all relevant Board policies and administrative guidelines while serving as a volunteer for the District. I understand that, although I am covered under the District's liability Insurance policy, I am not covered by its health insurance policy; I am not eligible for worker's compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.
3. I understand further that, as a volunteer, I am not in any manner considered an employee of the district or entitled to any benefits provided to employees. I further release the Board of Education, Individual Board members, its employees and agents from any and all liability for any damages, which may result to me as a consequence of my volunteer services.

At times, I may have care, control or custody of students, other than my own child, out of the direct supervision of a teacher or other school employee and I acknowledge that I am required to demonstrate appropriate decorum, judgment and dress in my capacity as a volunteer.

To obtain a Limited Criminal History background check, please complete and return this portion to your child's school office or directly to the superintendent's office. The school may request a copy of your driver's license or other form of identification at the time of background request to ensure accuracy. This may be copied and attached to this form or presented in the school office.

ONE WEEK ADVANCE NOTICE IS REQUIRED in order for the District Office to properly conduct the background check and notify your school building.

Board Bylaws and Policies 4120.09