



CASSOPOLIS PUBLIC SCHOOLS

22721 Diamond Cove · Door 22 · Cassopolis, MI 49031
(269) 445-0503 · FAX (269) 228-5752 · cassopolis.k12.mi.us

Chaperone/Volunteer Release Form 2022-2023

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.*

All fields must be completed

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.

Name (Print) First _____ Middle _____ Last _____ Date of Birth ____/____/____

Signature _____ Date _____

I have offered my services as a chaperone/volunteer to help the district in the following areas: (Be Specific)_____

Approved by Principal _____ Date _____

**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.*

Student Name: _____

Grade: _____

Teacher Name: _____

School Year: _____

Student Name: _____

Grade: _____

Teacher Name: _____

School Year: _____