

Application for Volunteer Position

Hartford Public Schools
115 School Street
Hartford, MI 49057
(269) 621-7000

Today's Date _____ Student you are volunteering for _____

Last Name _____ First Name _____ MI _____

Address _____
Street City State Zip

Email address _____

Have you ever used a different name? () Yes () No If yes, list names. Include maiden name:

Last _____ First _____ MI _____

Last _____ First _____ MI _____

Telephone: () _____ Are you 18 years of age or older: Yes ___ No ___

Date of Birth ____ / ____ / ____ Male ___ Female ___
month day year

Race: White ___ Black ___ Asian or Pacific Islander ___ American Indian or Alaskan Native ___

Hispanic ___ Unknown ___

Type of Volunteer Work _____

Building _____

Emergency Contact Person _____ Phone _____

I authorize Hartford Public Schools to conduct such background investigations including criminal background checks as it deems necessary. I release the District and all companies, agencies, schools, and persons contacted from all liability and responsibility for providing, receiving, or acting on such information. I further agree to cooperate in any such investigation. You may receive an email from the Background Investigation Bureau requesting you to fill out more information on-line. The application process may take up to a week.

Signature _____ Date _____

Administrative Use Only:

Criminal Background Check: Approved _____ Not Approved _____

Volunteer opportunities are open to all without regard to race, color, national origin or ancestry, age, sex, marital status, or handicap.