

Student(s) Legal Name: _____
Relationship to Student: _____

School: _____
Teacher: _____

**PORT HURON AREA SCHOOL DISTRICT
APPLICATION FOR VOLUNTEER/CONTRACTED SERVICES**

It is the policy of the Port Huron Area School District to provide a safe and drug-free environment for students and staff. To promote this policy, the District requires all volunteers and people performing contracted services who deal directly with students, to complete this application annually. The signing of this form authorizes the District to conduct a criminal records check. **(Please complete all sections)**

Volunteer Legal Name: _____
First Name Middle Initial Last Name

Address: _____ City/State: _____ Zip: _____

Ethnicity: _____ Birth Date: _____ Gender: _____

Phone Number: _____ Drivers Lic #: _____ Issuing State: _____

You MUST check one box:

- I **HAVE NOT** been convicted of, pled guilty to, or pled no contest to any violation of the law.
- I **HAVE** been convicted of, plead guilty to, or pled no contest to violations of the law.

Initial if **YOU AGREE:**

- _____ 1. I am drug free and do not participate in the use of any illegal controlled substances.
- _____ 2. I understand and agree that I must abide by all District rules, including the District's policy to maintain an alcohol and drug-free environment. This means I cannot possess, use, or be under the influence of any controlled substances while performing any services on behalf of the District. This also means that I cannot participate in the use of any illegal controlled substances for the duration of my participation in District activity.
- _____ 3. I understand and agree that I must maintain a clean and professional image in terms of appearance, personal habits, language and conduct. I understand that the use of tobacco or tobacco products is prohibited.
- _____ 4. I understand and agree that I must maintain confidentiality and cannot disclose personal or educational information regarding students, parents or staff.
- _____ 5. I understand that any misrepresentation on this statement may result in immediate disqualification and that the District reserves the right to terminate my services at any time, at its sole discretion.
- _____ 6. I understand that if an event occurs in the future that result in my responses no longer being valid, I am obligated to notify the District immediately.

I, the undersigned, declare that the above representations are true and accurate and that I have read, understand and agree to the terms as stated above as well as in the PHASD Volunteer Policy. Furthermore, I authorize the Port Huron Area School District to contact law enforcement agencies to include a criminal records check. I further consent to the release of this information by the law enforcement agencies to the Port Huron Area School District.

Volunteer Signature Date

Signature of Building Principal/Designee Date

***Completed form must be sent by the building principal/designee to the Department for Human Resources. The principal/designee must retain a copy on file at the building.**

<u>District Office Use:</u>	
Approved	<input type="checkbox"/>
Approve W/Restriction	<input type="checkbox"/>

Date:	__/__/__
Initials:	_____