

## **Maple Valley Schools**

11014 Nashville Highway Vermontville, MI 49096 Phone: 517.852.9699
Fax: 517.852.5076

### Please provide the information needed by completing this form.

Name (Last, First Middle):					
Date:					
Address:					
City:					
State:					
Zip Code:					
Spouse Name:					
Phone #1	Home: Cell:				
Phone #2	Home:	Cell:			
Please specify any health condition that may require emergency treatment:					
Please list names and tel	ephone numbers of persons t	o be contacted in case of			
Please list names and telephone numbers of persons to be contacted in case of emergency:					
Primary Emergency Contact:		Phone #:			
Alternate Emergency Contact:		Phone #:			
Preferred Hospital:					

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Maple Valley Schools recognizes that volunteers can provide valuable services in helping the school district deliver educational programs for all students. MVS also recognizes its responsibility to the students of the district to make sure that their best interests are pursued at all times. To that end, all regularly scheduled volunteers are asked to fill out this form and approval of the building administrator will be required before a volunteer can be utilized.

Name (Last, First Middle):			
Date:			
Additional Name(s) you have been known by:			
Address:			
City:			
State:			
Zip Code:			
Date of Birth:			
Sex:	Male		Female
Phone #	Home:		Cell:
Driver License Number:			
State License Issued From:			
Race:			
Caucasian		African American	
American Indian or Alaskan Native		Asian or Pacific Islander	
Hispanic		Unknown/Other	

# **Maple Valley Schools**

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Have you ever been convicted of	a felony?	Yes	No	
If YES, please explain below. (Whe	en/What/W	nere)		
Are you currently involved with an	y court orde	rs or pending legal ac	tions?	
Yes		No		
Volunteer Position Applied for:				
If you have children in more than		•		
Child Names B		uilding	Grade Level	
I understand that it is necessary before I volunteer in Maple Valle will remain confidential. I agree Schools to submit the above info Criminal History Access Tool) for	y Schools. I to allow dis rmation to	understand that the trict-designated per	e information submitted sonnel from Maple Valley	
Volunteer Signature:			Date:	