

**Lansing School District
Department of Public Safety
519 W. Kalamazoo, Lansing, MI 48933
Telephone Number: (517) 755-2030**

2024-2025 - Volunteer Application (A New Application Is Required Each School Year)

A CLEAR Readable copy of your Driver's License or State ID must be attached to the application. The application must be filled out completely. Application must be submitted to the school for processing. The school will forward to marc.ward@lansingschools.net and ortencia.martinez@lansingschools.net.

Please print and fill out completely, clearly, and neatly

Volunteer
First Name: _____ **Volunteer** Last Name: _____ **Volunteer** Middle Initial _____

Date of Birth ____ / ____ / ____ **Gender** ____ **Race** ____ **Telephone** _____
month day year

Address _____ **City** _____ **State** ____ **Zip** ____

Only one form is required when volunteering at multiple schools.

School(s) name required _____ **Student/Child's Name** _____

I have reviewed the **Emergency Use of Restraint and Seclusion Procedures Video** available at <http://www.lansingschools.net/departments/public-safety> ☐ Yes ☐ No

Additional Information Required for Volunteers affiliated with Special Program, Organization or Event.

Name of Program/Organization/Event: _____

Program or Organization Supervisor/Administrator _____ **Contact #** _____

List School(s) where event to be held: _____

I understand that a criminal background check (ICHAT) will be conducted as a part of a pre-placement screening process. All information is confidential and not for general knowledge. I release the Lansing School District, Michigan State Police, and local law enforcement from all liability in connection with this criminal background check. Any deliberate false information will lead to disqualification from volunteering for the Lansing School District.

Volunteer Signature _____ **Date** _____

Volunteer Drivers – PLEASE READ and sign if requesting to drive on field trips.

I hereby verify that I have a valid, unrestricted drivers license (copy attached). I believe the vehicle I am driving on this trip to be in safe operating condition. I possess vehicle insurance and I have adequate coverage for any risks involved.

_____ requesting to drive **Signature** _____ **Date** _____

The State of Michigan requires that any parent driving students on a field trip in their personal vehicle **MUST** have a booster seat with a lap and shoulder belt for each student under the age of 8 years old or 4'9" in height.

Place Drivers License here!