



# Godfrey-Lee Volunteer Application

## Contact Information

Name			
Street Address			
City ST ZIP Code			
Phone Number:			
E-Mail Address			
Birth Date:		Ethnicity:	
Sex:		School you wish to volunteer at:	
Emergency Contact Information:			
Do you currently have students attending Godfrey-Lee? <b>Please list their name(s) and grade(s).</b>			

## Availability

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings

## Interests

Tell us in which areas you are interested in volunteering

- Administration  
 Events  
 Fundraising  
 Deliveries  
 Volunteer coordination  
 Translation Services  
 Other: \_\_\_\_\_

## I-Chat Agreement and Signature

I authorize Godfrey-Lee Public Schools to conduct a Michigan Criminal History Background Check and sex offender check as a condition of my approval to volunteer. I understand this information is required by PA99, amended by PA68. I fully release Godfrey-Lee Public Schools from any liability whatsoever in connection with either the release or use of the report required by PA99, amended by PA68.

Name (printed)	
Signature	
Date	

For Office Use Only:
_____ Approved      _____ Approved with restrictions: _____
_____ Denied      Date: _____      Signature: _____