

3662 Poinsettia Ave SE, Grand Rapids, MI 49508 Tel: 616-243-6221 • Fax: 616-243-0305

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	Background Check Comp	leted		eer Notified (via emai	l) Prin	cipal Revie	ew/Approval:	
	SOREG Check Completed			taff Initial:		☐ Approved ☐ Approved with Restriction		
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	v Branches Cha			NBCA)st	udent's l	Name:	Teacher's Name:	
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Crin	ninal History Au	thori	zation					
	er of Liability and Releas			eers				
the Cr	rospective volunteer of N riminal Records Division o y check prior to an offer u LEGAL NAME (please print)	f the D	epartment of Sta	te Police and the Grar			•	
	Maiden Name / Previous Name:	First		Middle		Last		
		First		Middle		Last	_	
	Birth Date (mm/dd/yyyy)		Driver's License# ( □ copy of DL attached)					
	Race (check one):		American Indiar Black	or Alaskan Native	☐ Asi		fic Islander nknown/Other	
	Gender (check one):		Male	☐ Female		☐ Ur	nknown/Other	
	Address		(	City	State		Zip Code	
	Mobile Phone #		Work Phone #	Email	Address			
Check	one:							
	have not been convicted of, or pled guilty or nolo contendere (no contest) to, any crimes, including both felonies and misdemeanors.							
	I <u>have</u> been convicted of felonies and misdemean revocation of your drive attach to waiver form)	nors, bu	ıt not including tr	raffic citations unless	they resu	ılted in the	e suspension or	

Rev10-21 See reverse side →

I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan and the Grand Rapids Police Department, Grand Rapids, Michigan. I hereby release and forever discharge New Branches Charter Academy, the State of Michigan and the City of Grand Rapids and their agents, officers, and employees from any and all actions, causes, claims and demands for, upon or by reason or any damage, loss of injury, which may be sustained by me in nature of libel, slander, invasion of privacy or other resulting from errors or omissions in the information given or from the use of the information, whether by reason of unauthorized use, negligence or otherwise. \_\_\_\_\_ (please initial)

## Volunteer Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application to volunteer in NBCA, and I have voluntarily signed the attached Criminal History Authorization of Liability and Release of Claims form. I further understand and agree that I have an obligation to immediately notify the building administrator and/or school official if I am charged with and/or convicted of any crime, whether felony or misdemeanor (does not include traffic citations, unless the traffic violation resulted in the suspension or revocation of your driver's license).

I understand and acknowledge that any volunteer relationship with NBCA is of an "at will" nature, which means that the volunteer may resign at any time and NBCA may release the volunteer at any time with or without cause. There is no entitlement or property right to be a volunteer in NBCA. It is further understood that the "at will" relationship may not be changed by any written document, unless such change is specifically acknowledged in writing by the Principal.

I understand that volunteers serving in the school serve without financial compensation and that I am required to abide with and am bound by all policies, rules/regulations and procedures of the school.

By signing this form, I understand that false and/or misleading information given in this application or any interviews will result in release. This application shall be considered active for the school year period of 2019-2020.

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