NEW BRANCHES CHARTER ACADEMY

Deeply Rooted, Branching Out

3662 Pointsettia Ave SE, Grand Rapids, MI 49508
P (616) 243-6221 | F (616) 243-0305

www.NewBranches.org

SCHOOL OFFICE USE ONLY		
☐ Background Check Completed ☐ SOREG Check Completed	☐ Volunteer Notified (via_____) ☐ Approved by _____	Principal Review (initial: _____) ☐ Approved with Restriction ☐ Denied

New Branches Charter Academy (NBCA) Application to Volunteer

Student's Name:	Teacher's Name:

Criminal History Authorization

Waiver of Liability and Release of Claims for Volunteers

As a prospective volunteer of New Branches Charter Academy (NBCA), I authorize NBCA authorization to request from the Criminal Records Division of the Department of State Police and the Grand Rapids Police Department a criminal history check prior to an offer using the information below:

LEGAL NAME
(please print) _____
First Middle Last

Maiden Name /
Previous Name: _____
First Middle Last

_____ _____
Birth Date (mm/dd/yyyy) Driver's License# (**please include a front & back copy with application**)

Race (check one): ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black ☐ White ☐ Unknown/Other

Gender (check one): ☐ Male ☐ Female ☐ Unknown/Other

_____
Address City State Zip Code

_____ _____ _____
Mobile Phone # Work Phone # Email Address

Check one:

☐ **I <u>have not</u> 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**, or pled guilty or nolo contendere (no contest) to the following crimes, including both felonies and misdemeanors, but not including traffic citations unless they resulted in the suspension or revocation of your driver's license (use separate sheet to explain nature of conviction, date and court and attach to waiver form)

Authorized By CENTRAL MICHIGAN UNIVERSITY | Managed By CHOICE SCHOOLS ASSOCIATES

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.

Volunteer Confidentiality Statement

I, _____, acknowledge that as a part of my volunteer activities, I may have access to confidential student information. This information may be in the form of student's address and telephone numbers, grades, medical conditions, performance on classroom assignments or disciplinary matters. I also understand that this information is protected by the Family Educational Rights and Privacy Act (FERPA) and the disclosure of confidential student information without permission is a violation of the law.

_____ (*please initial*) I will not, under any circumstances, disclose the confidential or personally identifiable student information of NBCA students to any entity without the prior written consent of NBCA, the parent or eligible student (student 18 years or older).

Signature* of Volunteer Applicant	Date
Signature* of Witness/Parent Guardian if applicant is a minor (under 18 years of age)	Date

*If this form is completed digitally, both an authenticated digital signature or a typed signature on this form will be accepted in lieu of a hand written signature.