



VOLUNTEER REGISTRATION PACKET

Dear Prospective Volunteer,

Thank you for interest in becoming a volunteer at Escuela Avancemos! We want to make it as easy as possible to enroll as a volunteer. Recognizing our high responsibility to our students, we require that all who will be working with our students, employees and volunteers undergo background checks. Board of Education policy requires that prospective volunteers undergo a criminal background investigation. Please make sure that you complete and sign this form along with provide a copy of your valid photo state identification. No person can volunteer until a successful background check has been returned by the ICHAT, SOC and OTIS State Report or Finger printing Biometric Reports. The attached form will provide the information we need and will enable us to contact you about volunteer opportunities.

Please submit all completed volunteer application form to the main office for processing. Also, thank you again for your interest in Escuela Avancemos! I hope you will find this a satisfying and rewarding experience.

For more information, contact the main office at 313-596-0079.

*Ana Ulloa, CEO
Escuela Avancemos! EA Academy*



Date: _____

Volunteer Application Form

Please complete this form, print, sign in the space below, and then return it to your child's school with a copy of a state-issued driver's license or ID. Please allow at least 1 week for processing.

I am at least 18 years old and offering my services as a volunteer to help Escuela Avancemos! Academy. Any person who volunteers to work with the school shall be screened through the Sex Offenders Registry (SOR) list, the Internet Criminal History Access Tool (ICHAT) criminal history records check, and the Offender Tracking Information System (OTIS) prior to being allowed to participate in any activity or program.

I understand the check is mandatory and agree to provide the following personally identifiable information (please print legibly):

1. Legal Name: _____ (First Name, Middle Initial, Last Name)

2. Date of Birth: _____ (Month, Day, Year)

3. Sex: M _____ F _____

4. Driver's License Number and Issuing State: _____

5. Address: _____

City: _____ State: _____ Zip Code: _____

6. *Race: ___ American Indian/Alaskan Native, ___ Asian/Pacific Islander, ___ Black, ___ White, ___ Other/Unknown (*These are ICHAT system options – please indicate your best choice)

7. Maiden Name/Names Previously Used: (if applicable): _____

8. Child's(ren's) Name that attends Escuela Avancemos! Academy:

For the protection of children, Escuela Avancemos! Academy is required by law to inquire of its volunteers whether or not they have ever been convicted of a crime.

Please respond to the following questions:

1. Have you ever pled guilty or been convicted of a felony? ___Yes ___ No If yes, list date, city and state of offense/felony occurred: _____

Description of the offense/felony:

2. Have you ever pled guilty or been convicted of a misdemeanor? ___Yes ___ No If yes, list date, city and state of offense/misdemeanor occurred: _____

Description of the offense/misdemeanor:

3. Do you have any charges pending against you or are you the subject of a current criminal investigation?
___ Yes ___ No If yes, list date, city and state of charge(s) or investigation:
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Description of the charge(s) or investigation:

ACCEPTANCE:

- A. As a volunteer, I agree to work under the supervision and direction of Escuela Avancemos! Academy staff.
- B. As a volunteer, I am not in any manner considered an employee of the Escuela Avancemos! Academy or entitled to any benefits provided to an employee.
- C. I agree to abide by all Escuela Avancemos Academy rules, administrative guidelines and policies while on duty as a volunteer.
- D. I agree to complete the Responsibilities of Trip Chaperones form prior to serving as a chaperone for a school trip. Note that Chaperones must be at least 21 years old at the time of the field trip.
- E. I understand that although I am covered under Escuela Avancemos! Academy liability insurance policy, I am not covered by its health insurance policy nor am I eligible for Workers' Compensation.
- F. If I become ill or suffer an injury as a result of volunteer services for the Berkley School District, I release Escuela Avancemos! Academy of any obligation; agreeing that I shall be responsible for any and all hospital and medical charges that may accrue.
- G. I release the Escuela Avancemos! Academy from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.
- H. I agree that it is my responsibility to notify Escuela Avancemos! Academy by way of contacting the school if the status of my criminal history information changes in any way after the date on this form.
- I. I understand that completing this Volunteer Release Form to serve as a volunteer is an annual requirement.

By completing this form and signing below, I agree to all of the above referenced provisions (a – i). I also declare the statements herein are true and authorize the Escuela Avancemos! Academy through designated employee(s), to conduct a criminal history file check through ICHAT, OTIS, and SOR as set forth in Escuela Avancemos! Academy Board Policy 9710 prior to volunteering or at other times the school deems appropriate. Escuela Avancemos! Academy reserves the right to approve or deny any volunteer service upon review of the background check. Providing false information, or information contradicting the background check information, is grounds for immediate volunteer denial.

Printed Name of Volunteer: _____ Date: _____

Signature of Volunteer Form: _____

OFFICE USE ONLY

ICHAT: ___ Approved ___ Denied ___

OTIS: ___ Approved ___ Denied ___

SOR: ___ Approved ___ Denied ___

Date _____ Initials _____