

VOLUNTEER DATA SHEET FOR EDUCATION DEPARTMENT

For Office Use Only
 Date Approved _____
 By _____
 Work Assignment _____
 Verified Volunteers Completion _____

MICHIGAN CONFERENCE OF SEVENTH-DAY ADVENTISTS

Name _____

Address _____
Street
City
State
Zip

Home Phone _____ Work Phone _____ Church _____

Section I (Health History)

Do you now have or have you had any injury/sickness that might limit your ability to carry out your activity?
 ___ Yes ___ No If yes, how would it hinder? _____

Section II (Education)

Highest degree or diploma held _____ Year received _____

School granting degree or diploma _____

College major(s) and minor(s) _____

Section III (Vehicle/Driver Information)

Volunteers driving students will need to complete the Driver Information Form.

Section IV (Experience)

List all experience (Adventurers, Pathfinders, Scouting, Sabbath School, etc.) that might qualify you for classroom leadership.

Position/Type of Work	Church/Organization	Date of Service
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Section V (References)

Please list below three individuals (not related to you) who know you well enough to recommend you to serve as a school volunteer leader. Examples: pastor, teacher, local church officer/member

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Section VI (Unlawful Conduct)

Have you ever been convicted of a crime or listed on a Central Registry of felons or abusers? Yes No
If yes, please give the following information.

Date _____ Place _____

If yes, please describe: _____

Have you ever been charged with child abuse or sexual misconduct involving children or listed on a Central Registry regarding such offenses? Yes No

If yes, please give the following information.

Date _____ Place _____

If yes, please describe: _____

The above section has been included in this form to provide information to the Michigan Conference to assist in the protection of our children. Information provided in this section may generate further inquiries regarding these issues, but the information will be kept confidential and will be seen by a very few individuals on a need-to-know basis. **If either question in Section VI is answered with a “yes”, the form will be submitted to the Michigan Conference Department of Education for further review.** We regret having to include a section on unlawful conduct; however, it is necessary to protect children, parents, volunteers and the church itself. To comply, **Shield the Vulnerable** must be completed prior to participating in any volunteer activities.

Section VII (Statement of Accuracy)

The above information is accurate to the best of my recollection. I understand this is a strictly “volunteer” position and I will receive no remuneration (including denominational service credits, fringe benefits, or worker’s compensation for services and time volunteered.

Date

Printed Name

Signature

NOTES:

1. Please make sure you have checked the appropriate boxes in Section VI and signed your name in Section VII.
2. If the principal recommends the applicant, information in Section I through V will be copied and given to the classroom teacher(s). If the applicant has not been approved, none of the information will be forwarded.
3. When a classroom teacher requests the services of a volunteer, the principal is not to release specific information and may respond only with “recommended,” “not recommended,” or “recommended with conditions noted.”
4. All information on this application will become a permanent record and should include updates. In the event of accusations against the applicant, opportunity should be given for response by the accused. This response also becomes part of the record.