

### Volunteer Release - updated 2021

- Volunteers include:
  - People doing community service time.
  - Any potential employee who does not have either CHRIS or LARA fingerprint clearance through our school's HR department.
  - Anybody who has contact with children for more than 4 hours per week for 2 consecutive weeks, including parents and friends.
- Safety & Health
  - If a volunteer feels that any task is inappropriate or dangerous, he or she will decline performing it.
  - The volunteer agrees to follow all health measures required by the school, such as wearing a mask and maintaining social distance.
  - The volunteer will not be on campus or at any school-related event if he has a contagious disease, has any symptom of a contagious disease, or has been in close contact with anybody who has a contagious disease.
  - If the volunteer has a symptom of a contagious disease, develops a contagious disease, or tests positive for a contagious disease within 72 hours (3 days) of being on campus, he will inform the school in writing at [info@eaglecreekacademy.com](mailto:info@eaglecreekacademy.com).
- Child Abuse and Neglect
  - The volunteer knows that:
    - Abuse and neglect of children is against the law, and our school does not allow it.
    - Volunteers and staff members are required by law to immediately report suspected abuse and neglect to the school's manager or principal and to MI children's protective services.
  - The volunteer states that he or she:
    - Will have contact with children only if a staff member is present.
    - Has never been convicted of child or adult harassment, endangerment, abuse, neglect, molestation, or anything similar.
    - Is not on any public sex offender registry.
- Sex Offender Registry
  - All volunteers must get Michigan Public Sex Offender Registry (PSOR) clearance from our HR department who will:
    - Make a copy of the volunteer's driver's license.
    - Go to: [https://www.michigan.gov/msp/0,4643,7-123-1878\\_24961---,00.html](https://www.michigan.gov/msp/0,4643,7-123-1878_24961---,00.html).
    - Enter the first and last name. Print report. Make sure it says "no hit". Print it. Save copy.
    - Enter the complete address. Print report. Make sure it says "no hit". Print it. Save copy.
  - Any individual who is on the PSOR may not volunteer or have contact with children.
- Contact with Children
  - Volunteers who have ANY contact with children must:
    - Be with a staff member.
    - Provide appropriate care & supervision.
    - Act in a manner conducive to the welfare of children.
  - Volunteers who have contact with children for more than 4 hours per week for 2 consecutive weeks must also:
    - Provide proof of a negative TB test taken within one year of start date.
    - Get CHRIS fingerprint approval from our HR department.
- If the volunteer is under 18 years old, the parent or guardian guarantees:

- The volunteer child is current on all immunizations as required by the state of Michigan.
- The parent or guardian will keep the child's immunizations current.
- The parent or guardian will leave contact phone numbers with the school through which the school will be able to contact them within ten minutes.
- The parent or guardian has a plan for picking up the volunteer child within 30 minutes of being contacted.
- The parent or guardian gives the school permission to provide and secure whatever emergency medical and surgical treatment the school determines in its sole judgment is necessary for the care of the volunteer child. The school may share the child's personal and medical information, treat, and transport the child. All treatment and transportation will be at the parent or guardian's expense.
- If the volunteer child has allergies or medical conditions, the school may post a list in prominent locations in the building showing the child's full name, picture, allergies and medical conditions.
- Signature
  - By signing this form, the volunteer assumes all risk of injury, illness, damage or loss to him or his family, including loss or theft of personal property. The volunteer releases and discharges Eagle Creek, Alpine, Catherine Hammond Rondeau and all their owners, trusts, board members, managers, employees and affiliates from any and all claims.

**All volunteers must complete and sign:**

"I understand and agree to the above."

Volunteer's name printed \_\_\_\_\_

Volunteer's address \_\_\_\_\_

Volunteer's phone # \_\_\_\_\_

Volunteer's signature \_\_\_\_\_

Volunteer's driver's license # \_\_\_\_\_

Date \_\_\_\_\_

**If the volunteer is under 18 years old, his or her parent or guardian must also complete and sign:**

"I understand and agree to the above."

Volunteer child's allergies \_\_\_\_\_

Volunteer child's medical conditions \_\_\_\_\_

Parent or guardian's name printed \_\_\_\_\_

Parent or guardian's phone # \_\_\_\_\_

Parent or guardian's signature \_\_\_\_\_

Parent or guardian's driver's license # \_\_\_\_\_

Date \_\_\_\_\_

**Office Only**

Staff member name \_\_\_\_\_

Reviewed this doc w/ volunteer date \_\_\_\_\_

Did PSOR check & gave to HR date \_\_\_\_\_

Gave driver's license & this doc to HR date \_\_\_\_\_

Informed staff of child allergies/medical date \_\_\_\_\_