

**Volunteer ICHAT Registration Form**

**Byron Area Schools**  
Byron, Michigan 48418

**Teacher/Organization** \_\_\_\_\_

The Byron Area Schools Board of Education recognizes that volunteers can provide valuable services in helping the school district deliver educational programs for all students. The Board also recognizes its' responsibility to the students of the district to make sure that their best interests are pursued at all times. To that end, all regularly scheduled volunteers are asked to fill out this form and approval of the building administrator will be required before a volunteer can be utilized.

Please answer the following questions:

- Have you ever been convicted of a felony?  Yes  No  
If "Yes," when/what/where? \_\_\_\_\_
- Are you currently involved with any court orders or pending legal action?  Yes  No
- Are you currently, or have you been, involved in substance abuse rehabilitation in the previous five years?  
 Yes  No
- Will you abide by the Policies adopted by the Byron Board of Education?  Yes  No

***I attest that all of the above statements are true.***

Name (please print) \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Race \_\_\_\_\_ Sex: Male  Female

Birth date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Birthplace \_\_\_\_\_, \_\_\_\_\_  
Month Day Year City State

Maiden Name: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Other Names: \_\_\_\_\_ Phone Number - (Area Code must be included)

Other Names: \_\_\_\_\_

Please list two references that the Building Administrator can contact to verify your statements:

#1. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Phone #: \_\_\_\_\_

#2. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Phone #: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

References verified by \_\_\_\_\_ Date \_\_\_\_\_