

Athens Area Schools

4320 K Drive South- East Leroy, MI 49051

(269) 729-5427

Joseph Hupenbecker, Superintendent

Date

Name of Volunteer: _____

Address: _____
House number & Street City Zip

Telephone: _____
Home Work

Driver's License Number:

Date of Birth:

Prior names (adoption, maiden name, etc.)

ANY other name used . . .

Do you have any impairment, physical, mental, or medical, which would hinder or interfere with your ability to supervise children on a field trip?

Yes

No

Have you ever collected compensation for an accident or injury?

Yes

No

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation?

Yes

No

I have read and understand the information contained on this form. I hereby authorize the district to inquire and verify any information contained on this form, and the district shall not be liable for any damages, which may result from such inquiry or verification. As a volunteer, I understand I will be responsible for children, other than just my own, on the field trip I am chaperoning.

Signature of Volunteer

Date

Signature of Principal

Date

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap. Revised 1979 to meet Title IX requirements and the Michigan Civil Rights Acts of 1976.

FOR OFFICE USE ONLY:

Field trip: _____ Teacher: _____