

**Mt. Clemens Montessori Academy  
Volunteer Form-optional**

*(Please fill out if you would like to be considered for chaperoning field trips or assisting in the classroom)*

**Volunteer Information:**

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
<i>Street Address</i>		<i>City</i>	<i>Zip Code</i>
<i>Date of Birth</i>	<i>Race</i>	<i>Male / Female</i>	
<i>Parent / Guardian / Other:</i>		<i>Student's Name</i>	
<i>Any other last names used:</i>		<i>Any other first names used:</i>	

Please check one:

\_\_\_\_\_ 1. I have not been convicted of, or pled guilty or nolo contendere (no contest) to any crimes.

\_\_\_\_\_ 2. I have been convicted of or pled guilty or nolo contendere (no contest) to the following crimes:  
(use separate sheet to explain nature of conviction, date and court)

a. \_\_\_\_\_

b. \_\_\_\_\_

**Certification of Policy & Authorization:**

I understand and agree that Mt. Clemens Montessori Academy will be requesting a criminal history background check on my behalf from the Internet Criminal History Access Tool (ICHAT). As a chaperone, I will not purchase any items for any students during field trips. I understand that as a volunteer driver, I must be 21 years of age or older, hold a valid driver's license, have enough working seat belts for each child I transport, and have the required insurance coverage in effect on any vehicle used to transport the children during the current school year. I may only transport the children from the Academy to the destination and back and will not be making any other stops.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_