



Detroit Public Schools Police Department (DPSPD)
Criminal Convictions Background & Live Scan Unit (CCBLU)
8500 Cameron Street Detroit, Michigan 48211
Office: (313) 873-7490 Fax: (313) 456-6265

Ralph Godbee
Chief

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Director

6 Easy Steps to completing the Volunteer Application and starting service with DPSCD!

1. Individual reports to principal or user department contact person his or her interest in volunteering.
2. Individual completes Volunteer Background Check (application) form and submits to principal or user department at desired location along with a readable copy of their Michigan State Driver's License or State ID. **Please Note: Application is not complete without ALL fields completed/signed on pages 2, 3 and 4, and a readable copy of the above mentioned identification.**
3. Principal or Point of Contact Person signs and returns completed Volunteer Background Check application form to the Office of Family and Community Engagement (FACE) via email at volunteer.dpscd@detroitk12.org, fax to 313-456-6265 *or* in person to your school/department.
4. Once FACE has reviewed and CCBLU has made determination of eligibility, FACE will notify the Principal/User Department and volunteer via email. If eligible to volunteer, FACE will notify the individual (via email) to schedule an appointment for a "Non-Access ID Badge ONLY" at the DPSCD Police Station. **Please allow at least 7-10 business days for processing to be completed.*
5. After receiving your "Non-Access ID Badge ONLY", the individual must attend a volunteer orientation prior to start of service. (The above eligibility notice will include information on upcoming orientations)
6. Coordinate service duties and hours with your respective school or department, and BEGIN SERVICE at Detroit Public Schools Community District!

Terms

Volunteer – A person present on DPSCD properties who may interact with students or staff and receives no fiduciary return (i.e. salary, stipend, course work credit, etc.) and does not have unescorted access to vulnerable population.

Let's Read Volunteer – A person who reads to or with students in the presence of a teacher. **Must complete a Commitment Form.**

Yellow Jacket Volunteer - A person who works with DPSCD Police Department inside the school to assist with various school needs.

Parent Volunteer – Parent of a student who is enrolled in the school for which he/she would like to volunteer.

If you do not fit one of the four categories, you must contact Criminal Conviction Background Check Live Scan Unit (CCBLU)

When students rise, we all rise. We are Detroit Public Schools Community District.

DPSCD does not discriminate based on race, color, national origin, sex, disability and/or religion

VOLUNTEER BACKGROUND CHECK
Acknowledgment Form
Family and Community Engagement (FACE)
Non-employment Background Checks Only

There is no requirement for a fingerprint (Live Scan) background check on prospective volunteers solicited for the purpose of providing care, instructions, or supervision. However, in order to ensure the protection of children in the care of the Detroit Public Schools Community District (DPSCD), school policy does require that prior to any and all persons providing a volunteer service at the school or for any function conducted by the school; all potential volunteers MUST complete a State of Michigan background check. The background check is a name check only, through the State of Michigan Internet Criminal History Access Tool (ICHAT) system, and is based on individual identifiers. **Any applicant declining to complete a “Volunteer Background Check Acknowledgement Form will not be considered.** (If not fingerprinted, volunteer MUST BE IN THE PRESENCE OF A DPSCD EMPLOYEE AT ALL TIMES.)

POTENTIAL VOLUNTEER INFORMATION

Check all that applies (see terms):

- Volunteer Let's Read Volunteer
(MUST SIGN COMMITMENT FORM) Yellow Jacket Volunteer Parent Volunteer

Full Printed Name: _____

Maiden name or other name(s) previously used: _____

DOB: _____ Race: _____ Gender: _____
[mm/dd/yyyy]

Contact Information: Email Address: _____

Cell Phone Number: _____

Submitted copy of Driver License/ State ID: Yes No **(Application will not be processed without ID)**

HISTORY INFORMATION

- 1) Have you volunteered at Detroit Public Schools Community District before? Yes No
2) Have you ever pled guilty, or been convicted of a felony in a state or federal court? Yes No

Date and state offense/conviction occurred: _____

If yes, provide a detailed description of the conviction: _____

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3) Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court?

Yes No Date and state offense/misdemeanor occurred: _____

If yes, provide a detailed description of the conviction: _____

4) Are you the subject of a current criminal investigation or have pending charges against you?

Yes No Date and state the investigation is ongoing: _____

If yes, provide a detailed description of the investigation or pending charges: _____

The Detroit Public Schools Community District reserves the right to “approve” or “deny” volunteer service upon review of the background check returned through ICHAT. The determination will be based upon the individual’s fitness to have responsibility for the safety and wellbeing of children. Providing false information, or information contradicting the background check information, is grounds for immediate denial.

By affixing your signature to this form you acknowledge your statements are to be true and give full consent to complete a name based background check through ICHAT.

Volunteer Signature: _____

Date Signed: _____

The Detroit Public Schools Community District reserves the right to require volunteers/non-employment personnel to submit to a LIVESCAN (Federal & State) review.

Please return completed form to Detroit Public Schools Community District User Department Contact Person. Questions or concerns, please contact Tanea Menifee at volunteer.dpscd@detroitk12.org

OFFICE USE ONLY (Principal or User Department)

Application Declined: _____ Approved location for volunteer: _____

Approved Date for volunteer: Beginning _____ Ending _____

DPSCD Principal or User Department Contact Name: _____

Contact Number _____

DPSCD Principal/ or User Department Signature: _____

Date _____

FACE Received _____ CCBLU Approval _____

Volunteer/Partnership Release and Waiver of Liability

Volunteer's Name: _____ School: _____

I recognize that, as a volunteer I represent the above organization to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of Detroit Public Schools Community District (DPSCD). I freely, voluntarily, and without duress, execute this Release and acknowledge the following terms:

1. **Waiver and Release.** I hereby release, waive, forever discharge and covenant not to sue DPSCD, its successors and assigns, officers, employees and agents, from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide to DPSCD. I understand and acknowledge that this Release discharges DPSCD from any liability or claim that I may have against DPSCD with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to DPSCD or occurring while I am providing volunteer services. I hereby covenant and agree to indemnify and save harmless, DPSCD, its officers, employees and agents, from any and all claims and demands, for all loss, injury, death or damage, that any person or entity may have or make, in any manner, arising out of any occurrence related to the activities authorized in my work as a volunteer.
2. **Medical Treatment.** I hereby release and forever discharge DPSCD from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with DPSCD. I understand that I may not be entitled to workers' compensation.
3. **Insurance.** I understand that DPSCD does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of DPSCD beyond what may be offered freely by DPSCD in the event of such injury or medical expenses incurred by me.
4. **Assumption of Risk.** I understand that the services I provide to DPSCD may include activities that may be hazardous. I assume the risk of injury or harm in those activities I choose to do and release DPSCD from all liability for injury, illness, death, or property damage occurring from my work for DPSCD.
5. **Photographic Release.** I grant to DPSCD the right to use photographs, images, video or audio recordings of me or my likeness made by DPSCD in connection with my providing volunteer services to DPSCD.
6. **Discrimination laws.** I agree to follow DPSCD's policy, along with state and federal laws that forbid discrimination and harassment in employment, education, housing, public accommodation, law enforcement or public service based on a person's religion, race, color, national origin, age, sex, marital status, height, weight, or disability.
7. **Other.** I agree that this release is intended to be as broad and inclusive as permitted by the laws of Michigan and that this release is governed by and will be interpreted according to the laws of Michigan. I understand that should any part of this release be ruled invalid by a court, the other parts will remain valid and continue to be in effect.

Disclosure Statement: I hereby authorize and consent to Detroit Public Schools Community District, its agents and employees, to inquire into and undertake whatever background check of me that Detroit Public Schools Community District, in its sole discretion, deems appropriate to determine my fitness to serve as a volunteer. I understand the inquiry may include computer database searches, interviews with people acquainted with me, employers, and references or fingerprinting. I understand the information will be kept confidential to the extent permitted by law, but that Detroit Public Schools Community District, as a public entity, is subject to the State Freedom of Information Act (FOIA), as amended by 1996 PA 553 and the exemptions provided there under, as amended. I release and hold harmless Detroit Public Schools Community District its agents and employees, and all references or other sources of information from any and all liability in obtaining or providing such information about me. I agree that if Detroit Public Schools Community District determines, in its sole discretion, that I have provided false or incomplete information in response to the above questions, or the District decides, with or without cause, not to approve or retain me as a volunteer for whatever reason, Detroit Public Schools Community District may, without notice or other process, reject my application to serve as a volunteer.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature

Group/Organization/Affiliation

Date

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