



# TCAPS School-Based Volunteer Information

1. Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_  
Number/Street City/State Zip Code

Email Address \_\_\_\_\_

I give formal consent to receive electronic communication from TCAPS. TCAPS will not sell or share your information to third parties.

Phone Number(s) \_\_\_\_\_

Sex:  Male  Female Date of Birth \_\_\_\_\_

2. Educational Background \_\_\_\_\_

3. Place of Current Employment \_\_\_\_\_ Phone \_\_\_\_\_

4. The following is requested to comply with statistical reports required by state and federal offices. It is requested only to assist the school district in responding accurately with statistical information in regard to racial/ethnic numbers and percentages of the total TCAPS staff. The racial/ethnic headings below are taken directly from the form provided by the equal opportunity commission for public school systems. Please place an "X" in the racial/ethnic-heading box that is appropriate to your racial/ethnic heritage. Ethnicity (mark one only):

- White (not Hispanic origin)
- Hispanic or Latino
- Black or African American
- Asian American
- Native Hawaiian or other Pacific Islander
- American Indian or Alaskan Native
- Multiracial\*\* (If you check this box, please mark % near boxes to the left)

5. School where you would like to volunteer: \_\_\_\_\_ Grade Level \_\_\_\_\_

6. Please list days of the week and hours of the day that you are available \_\_\_\_\_

7. Please list a personal reference that has known you for at least two years.

Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

If you have not lived in Michigan for more than 3 years, what state(s) did you live in during that time?  
\_\_\_\_\_

Have you ever been convicted of, pled guilty or nolo contendere (neither admitting nor denying the charge) to, or received a suspended imposition of sentence, been placed on probation, or otherwise been found guilty of:

Any criminal or municipal ordinance violation? \_\_\_ Yes \_\_\_ No DUI/DWI \_\_\_ Yes \_\_\_ No

Have there ever been allegations, complaints, or reports regarding your involvement in child abuse or neglect (regardless of whether the incident was confirmed or denied)? \_\_\_ Yes \_\_\_ No

If yes to any of the above, please provide date, description, and explanation of each incident on additional paper.

*You have my permission to contact my employer. I understand that any omissions or misstatements made by me on this application form may be cause for my application to be declined or volunteer placement to be terminated. I understand that a Michigan state Police criminal background check will be conducted and all information including conviction or child abuse records will be verified, and hereby consent to such verification. I declare that all the statements I have made on this application are true, correct, and complete to the best of my knowledge. I understand TCAPS, in their sole and complete discretion, may accept or decline this application without providing me any reasons for the decision.*

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