

# Gibraltar School District



Mr. Bruce S. Burger, Superintendent  
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Visit our website at: [www.gibdist.net](http://www.gibdist.net)

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## VOLUNTEER RELEASE FORM

I have offered my services as a volunteer to help the Gibraltar School District in the following area(s):

\_\_\_\_\_

Names of children in the Gibraltar School District and the grade they are currently in:

\_\_\_\_\_

\_\_\_\_\_

Date(s) of service: \_\_\_\_\_

Building(s) name: \_\_\_\_\_

I agree to abide by all relevant board policies and administrative guidelines while on duty for the district. I understand that although I am covered under the district's liability insurance policy, I am not covered by its health insurance policy, nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the district, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that as a volunteer, I am not in any manner considered an employee of the district or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

For protection of the children in the school, the district is required by law to inquire of its volunteers whether or not they have ever been convicted of a crime. By completing the information below, you are releasing the Gibraltar School District to complete a criminal background check on you.

### YOU MUST PRINT CLEARLY OR THIS RELEASE WILL BE REJECTED

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Print full name as it appears  
on your drivers license

\_\_\_\_\_  
Date of Birth (mm/dd/yy)

\_\_\_\_\_  
Race

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



