

Request for Central Registry Clearance Children's & Adult Foster Care Camp Staff/Volunteer

Instructions: ALL fields must be completed for processing.

A clear copy of the employee's/volunteer's picture identification **MUST** be attached.

Complete the following information and submit request to:

**Michigan Department of Human Services
Bureau of Children and Adult Licensing
P.O. Box 30650
Lansing, MI 48909
Toll Free: 866-685-0006 Fax: 517-284-9709**

PRINT FULL NAME:
Date of Birth:
Social Security Number:
Maiden Name/AKA (Also Known As)/Other Names Used
Signature:

Licensing Rules for Children's and Adult Foster Care Camps R400.11109 (7) (f) states in part; A camp shall maintain a personnel record.....The record shall include "Documentation from the Michigan Department of Human Services, the equivalent state or Canadian provincial agency, or equivalent agency in the country where the person usually resides, that any staff person age 21 or over has not been determined to be a perpetrator of child abuse or child neglect."

Indicate below how you want to receive the results of the central registry clearance. The results will be mailed **ONLY** to the address on your attached picture identification or the camp's mailing address:

Results mailed to the address on my attached picture identification.

Address:

Phone: _____

Results mailed to the Camp at:

Camp Name/Address:

Camp Living Waters
536 E 6 Mile Rd
Luther, MI 49656

Phone: 231-797-5107

The camp will **ONLY** receive response of **NO** central registry if the name being cleared has approved this request with their signature. The camp will not receive notification if the name submitted has any central registry history hits per CPL 722.627. This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land. See www.michigan.gov/cauregistryclearance for information on central registry clearance requests and how to contact the local DHS office.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722-627-722-627). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

VOLUNTEER RELEASE FORM

I have offered my services as a volunteer to help the School District in the following areas:

By: Gayle R. ...
...
...
...

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 the protection of the children in the school, the District is required by law to inquire of its staff members whether or not they have ever been convicted of a crime related to children. We would appreciate your cooperation by indicating that you have never been convicted of any of the following offenses: *aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, aggravated menacing, abuse or neglect of a child, kidnapping, abduction, child stealing, criminal child enticement, rape, sexual battery, corruption of a minor, gross sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually-oriented matter involving a minor, illegal use of a minor in nudity-oriented material or performance, endangering children, contributing to the delinquency of children, carrying concealed weapons, improperly discharging a firearm at or into a school or house, corrupting another with drugs, placing harmful objects in or adulterating food or confection*

 Volunteer

 District Witness

 Date

**Camp Living Waters
Staff Medical Form**

Must be completed and on file at Camp for all staff members.

Name _____ Sex _____ Date of Birth _____
 Last First Middle

Street Address _____ City _____ State _____ Zip _____

Telephone (_____) _____ Staff Position _____

Parents Names _____ Address _____

Person to be notified in case of accident or emergency _____

Insurance Company _____ Name of Insured _____

Contract/Group #s _____ Social Security # of Insured _____

Please bring a copy of your insurance card with you to camp.

Medication needed or used (including psychiatric)

	Drug	Frequency	Dosage	Currently being taken
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Date of last physical exam _____

Special conditions to be watched for such as allergy (food, medication) and treatment.

Any communicable diseases: Yes No If yes, please explain:

Any limitations:

Tuberculin test results

Date _____ Type _____ Results _____

Must have been taken within the last 36 months (12 months for kitchen staff), copy of test results must accompany this form.

I certify that this information is true to the best of my knowledge.

Signature (if under 18 parent's signature) Date

**Big Rapids Marching Band
Summer Camp
Chaperone Reference List
2015**

Chaperone name _____

The following adult has agreed to chaperone for the Big Rapids High School Marching Band summer camp. The camp will be held at Camp Living Waters in Luther, MI. It is an overnight camp where the students will learn the marching show for the 2015 season. Chaperones are volunteers who agree to supervise the students in a variety of activities including meals, sleeping in the cabins, and during recreational activities.

By signing this, you are agreeing to be a reference for this person

All chaperones **MUST** have 3 non-related references

Reference #1

Name: _____

Address: _____

Signature: _____

Reference #2

Name: _____

Address: _____

Signature: _____

Reference #3

Name: _____

Address: _____

Signature: _____

RESPONSIBILITIES OF TRIP CHAPERONES

The Brighton Schools appreciates your willingness to assist us by serving as a chaperone for this sponsored trip. In accordance with Board policy, we wish to inform you of the policies and procedures that will govern this trip and with which you are expected to comply.

- A. The trip leader is responsible for the preparation and conduct of the trip and is held accountable by the Superintendent for ensuring that the purpose of the trip is achieved.
- B. The trip leader will provide you with detailed information about the trip. Please obtain answers from the trip leader, prior to the trip, to any questions you have concerning the purpose or the trip procedures.
- C. The students on the trip are governed by the District's Code of Conduct which prohibits any inappropriate behavior, such as discourtesy, fighting, harassment, drug-use, stealing, and the like. Your responsibility is not to invoke discipline on a student, except in cases of imminent threat to that student's or other people's safety or well-being, but to report any student behavior problems or any inappropriate conduct on the part of a fellow chaperone or staff member to the trip leader as soon as possible.
- D. We ask that you model the behaviors expected of students throughout the times on the trip when you are associated with the students. If you have free time away from the students, we trust your behavior will be such that it does not create problems for or embarrassment to the trip leader(s) or the District. Please keep the trip leader informed of your whereabouts so s/he can contact you in case of emergency.

Thank you again for your help, and we hope you enjoy this activity with our students as they participate in a meaningful educational experience.

[Signature]
Trip Leader

[Signature]
Principal