ANCHOR BAY SCHOOL DISTRICT Volunteer Registration Form 2024-25

Volunteers to our schools are vital to our successful operation. We thank all of those individuals who devote their time and energy to making our schools a better place for all.

Please complete the information below. A background check through the Michigan State Police will be performed. Once the results are received from the State Police, your name will be made available to your school and you may volunteer following your building's procedures. Check with your school office for information on your eligibility. Your signature indicates your consent to a Michigan State Police background check.

- One person per form.
- Volunteer background check requests must be received at Central Administration at least ten (10) days prior to event.

Which school do you wish to volunteer?

High School	M. S. Nort	h	M.S. Sout	th Ashley	Great Oaks
Lighthouse	Lottie Schr	midt	Maconce	Naldrett	
	ECSE Presch	nool (Was	shington)	Preschool (N	lacDonald)
PLEASE PRINT CLEARLY:					
Volunteer Name: First Middle Initial Last					
				Last	
Other names used (including maiden name):					
Required:	: Volunteer Date of Birth:				
Required:	red: Contact Phone Number:				
Required:	Gender (Circle):	Male		Female	
Required:	White	l	Black	Asian/Pacif	fic Islander
	American Ir	ndian/Alas	skan Native	Oth	er
Required:	Volunteer Signature:				
Child's First & Last Name:					
Date of Field Trip / Event:					

********************ATTACH A COPY OF YOUR DRIVER'S LICENSE **********************