

WEST MICHIGAN ACADEMY OF ARTS AND ACADEMICS

CONDITIONAL VOLUNTEER/VENDOR STATEMENT

Last Name

First Name

Initial

Maiden/Other Name

Birth date

I am requesting to serve as a volunteer/vendor at the Academy and represent that:

CHECK ONE OPTION BELOW

_____ 1. I have NOT BEEN CONVICTED of, or pled guilty or nolo contendere (no contest) to any crimes.

_____ 2. I HAVE BEEN CONVICTED of, or PLED GUILTY or NOLO CONTENDERE (no contest) to the following crime(s):

Use a separate sheet to explain nature of conviction, date and court.

I understand and agree that:

- (1) the Board of Directors of the Academy (the "Academy") may request a criminal history check on me from the Central Records Division of the Michigan Department of State Police; and the Federal Bureau of Investigation (FBI) as a volunteer;
- (2) until that report is received and reviewed by the Academy, I am regarded as a conditional volunteer; and
- (3) if the report received from the Department of State Police or the FBI is not the same as my representation (s) above respecting either the absence of any conviction (s) or any crimes of which I have been convicted, my volunteer status is voidable at the option of the Academy.

Authorization and Release

The undersigned vendor/volunteer with the Academy hereby authorizes his/her current and former employers to disclose to the Academy any unprofessional conduct by the undersigned and to make available to the Academy copies of all documents in the undersigned's personnel records maintained by the current or former employers relating to that unprofessional conduct.

"Unprofessional Conduct" means one or more acts of misconduct; one or more acts of immorality, moral turpitude, or inappropriate behavior involving a minor; or commission of a crime involving a minor. A criminal conviction is not an essential element of determining whether or not a particular act constitutes unprofessional conduct.

The undersigned applicant, on behalf of him/herself and his/her heirs and successors hereby releases his/her current or former employers and employees acting on behalf of his/her current or former

employers from an and all liability, claims, demands, or causes of action for providing information described in this Authorization and Release.

Further, the undersigned volunteer/vendor hereby waives any right to receive written notice from his/her current and former employers regarding disclosure to the Academy of the aforementioned information from his/her personnel records maintained by his/her current or former employers. This waiver shall be inclusive of a waiver of rights under Section 6 (3) of the Bullard-Plawecki Employee Right to Know Act.

VOLUNTEER/VENDOR ACKNOWLEDGEMENT, AUTHORIZATION, CONSENT AND RELEASE

I, the undersigned, do hereby acknowledge, authorize and consent to an investigation to be conducted by agents of the Academy for the purpose of confirming and verifying the contents of my background including use of **Attachment A**. Further, I authorize and consent to the employees or agents of the Academy to contact any and/or all of my personal references, former or current employers, and any other persons and organizations deemed necessary by the investigating employees or agents for the purpose of inquiries and obtaining information concerning my character, reputation, work record and/or experience.

I also authorize and consent to the employees or agents of the Academy to contact any child protection agencies or registries, law enforcement authorities, and/or judicial authorities and to make inquiries and to obtain any information and/or records related to me to determine if I have committed or have been convicted of any crimes and if there are any felony charges pending against me, the nature of the crimes committed and/or the pending felony charges.

I release the Academy, its individual Board members, administrator, other employees and/or agents from any and all claims and/or liability whatsoever for any damages or consequences which may result from the pre-employment investigation related to my consideration as a volunteer/vendor which I authorize my signature below.

_____	_____	_____
Volunteer/Vendor Full Name - Please Print	Date	Phone Number
_____	_____	
Volunteer/Vendor Signature	Email Address	
_____	_____	
Academy Employee/Agent	Date	