

I hereby grant Byron Center Public Schools permission to obtain an online criminal investigation through the Michigan State Police ICHAT website.

ONE APPLICANT PER FORM

Signature of the applicant only

PLEASE COMPLETE THE ENTIRE FORM AND PRINT CLEARLY OR THE FORM WILL BE DENIED!

LEGAL FIRST NAME

MIDDLE

LAST NAME

RACE: (Circle One) American Indian or Alaskan Native, Asian or Pacific Islander, Black or African American, Hispanic, White or Other

SEX: (Circle One) Male or Female

DATE OF BIRTH: _____

Daytime Phone Number: _____

(Circle) Yes or No Do you have children who attend BCPS? If so please list the student(s) name and the building they attend.

Student Name	Building they attend	Relationship to student

POSITION(S) TO BE HELD (Circle One) If nothing is circled, the form will be denied.

- Classroom Volunteer (Will be working one-on-one or with a small group of students)
- Field Trip Volunteer (Will be in charge of a group of students)
- Volunteer Sports Coach - Sport: _____
- New Employee – Position and Building: _____
- Other: _____

Start Date/Event Date: _____

Approved or Denied by: _____

Marshall Elementary
Classroom Volunteer Confidentiality Agreement
2025–2026 School Year
Principal: Gregg Bruno

We're so excited to welcome you as a volunteer in your child's classroom! Your time and support make a big difference in our students' learning and school experience. As part of volunteering, you may see or hear things involving other students, whether it's academic ability, emotional challenges or personal struggles. To help keep our classrooms safe and respectful spaces for everyone, we ask that you read and agree to the following confidentiality guidelines.

What You Need to Know

As a volunteer at Marshall Elementary, I understand and agree to the following:

1. Respecting student privacy is very important.

I might learn or observe things about students other than my own—how they're doing in class, how they're feeling or how they're behaving. I understand this is private information that should stay in the classroom.

2. I'll keep what I see and hear confidential.

I will not discuss other students' schoolwork, behavior or emotional needs outside the classroom—including with other parents, friends or online—in order to respect each child's dignity and privacy.

3. I'll follow the teacher's lead.

I'm here to support the teacher and help students in a respectful and positive way. I'll listen to directions and help create a caring environment for everyone.

4. If I have concerns, I'll share them privately with the teacher or principal.

If something seems troubling or if I'm unsure about how to handle a situation, I'll speak privately with the classroom teacher or the principal, Gregg Bruno.

5. I understand that privacy matters for every student.

I understand that maintaining confidentiality is an important part of supporting our students, and I appreciate that continued volunteering depends on upholding this trust.

By signing below, I'm confirming that I've read and understood the confidentiality expectations and agree to follow them while volunteering at Marshall Elementary.

Volunteer Name (please print): _____

Signature: _____

Date: _____

Child's Name: _____

Teacher's Name: _____