

**Administrative Rules  
Section 7000 - Instruction**

**7350-R**

Requesting Non District Student Interns

Employees who wish to sponsor a student intern must complete the intern request form (Attachment A) and forward the request form to their immediate supervisor for approval. The supervisor will forward the request form to the Director for final approval/signature. The form is forwarded to the Staff & Organizational Development Department upon approval.

The Staff & Organizational Development Department will complete background checks to determine applicant's character, credentials, and criminal background.

The Director or his/her designee will conduct interviews to determine the intern's suitability for the assigned program.

All documents will be maintained in the Human Resources office.

Volunteers

Administrators shall be responsible for recruiting community volunteers to support student activities. Administrators shall inform volunteers of district policies regarding appropriate attire, behavior, and student safety.

Volunteers shall complete the Volunteer Agreement Form (Attachment B) prior to assignment in the position. The executed form shall be forwarded to the Human Resources office for retention.

Attachment A

Bay-Arenac ISD  
Intern Request Form

Name of Requestor: \_\_\_\_\_

Interns Name: \_\_\_\_\_

Certification/Field of Study: \_\_\_\_\_

Begin and End Date of Assignment: \_\_\_\_\_

Briefly describe practicum and plan/schedule: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Requestor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date

**Attachment B**

**Bay-Arenac ISD  
Intern/Volunteer Agreement**

This agreement, once executed, will be retained by the Superintendent for a two year period from the date of execution by the signatories. During the retention period, the agreement is a public record, subject to provisions of the Freedom of Information Act.

I, \_\_\_\_\_, agree to serve Bay-Arenac ISD as a volunteer during the \_\_\_\_\_ school year.

***I understand that:***

- as a volunteer I have been informed by school officials that although my help and assistance is greatly appreciated, it is a privilege to volunteer rather than a right.
- the district and/or administrative representative have complete discretionary control over who may serve in this capacity, in addition to when and length of service.
- student safety and their educational needs are of the highest priority to the school district. The need for a volunteer is solely the decision of the school district or its representative.
- I shall be dismissed from my duties as a volunteer and that the district shall prohibit me from participating as a volunteer in the future should I make false or misleading statements regarding my criminal history.
- I will not hold Bay-Arenac ISD responsible for any liabilities incurred while I am on duty as a volunteer.

***I represent that (check any that apply):***

- I have not been charged, convicted of, or pled guilty or nolo contendere (no contest) to any crimes.
- I have not been arraigned for a felony or misdemeanor for criminal sexual conduct, child abuse, or cruelty, torture, or indecent exposure involving a child.
- I have been charged, convicted of or pled guilty or nolo contendere (no contest) to the following crimes.
- I have been arraigned for a felony or misdemeanor for criminal sexual conduct, child abuse, or cruelty, torture, or indecent exposure involving a child (use the back of this form to explain the arraignment, the nature of conviction, data, and court):

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date



Bay-Arenac ISD  
I-Chat Background Check Authorization Form

**(Please print clearly)**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Race:  White  Black  Asian or Pacific Islander **(Only select one race)**  
 American Indian or Alaskan Native  Unknown/Other

Gender:  Male  Female

Date of Birth: \_\_\_\_\_

I authorize Bay-Arenac ISD Human Resources Department to conduct a background check through the Michigan State Police I-CHAT System:

\_\_\_\_\_  
Signature

If under 18 years of age, this form must be signed by a parent or legal guardian:

\_\_\_\_\_  
Parent and/or Legal Guardian