

Livonia Public Schools  
**Volunteer Coaching Registration**

1. "Volunteer" – a person from the community who contributes his/her services on a regular basis.
2. Volunteer coaches are assigned to help the regular coaches to provide better instructional services to athletes.
3. Volunteer coaches are not assigned to relieve coaches of their responsibilities, or to change the overall coach-athlete ratio.
4. Volunteers shall work only under direct supervision of the designated head or assistant coach.
5. Volunteers must abide by and enforce all school and team regulations and decisions regardless of whether or not they personally support them.
6. Volunteers are not to make personal decisions (suspensions, disciplinary work, cuts, etc.) but, of course, may advise the head coach in such matters.
7. Volunteers are not to deal directly with parent concerns, and should refer all contacts by parents to the head coach.
8. Volunteer coaches must be approved by the Athletic Director before starting work.
9. Volunteers are not to receive a stipend for their services. The experience may become part of their resume and we will gladly provide references.
10. Volunteers are not covered by the Livonia Public Schools liability or workman's compensation.
11. Volunteers are not to treat injuries (except emergency first aid) or prescribe rehabilitation programs.
12. A volunteer is personally responsible for his/her actions. Inappropriate conduct may result in the individual's being asked to discontinue his/her relationship with the program.
13. A volunteer is not to drive a personal vehicle to transport students. (If an exception is necessary and he/she has a valid chauffer's license, prior approval from the Athletic Director is required).

I, \_\_\_\_\_ am requesting to volunteer coach  
on the \_\_\_\_\_ team, for the \_\_\_\_\_ school year.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Education: High School: \_\_\_\_\_

College: \_\_\_\_\_

Teaching Certificate: \_\_\_\_\_

Sports Experience: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_, Director of Athletics ~ Stevenson High School

**LIVONIA PUBLIC SCHOOLS  
2016-2017 SCHOOL YEAR  
ICHAT FORM**

Dear Parent/Guardian:

Livonia Public Schools, in an effort to ensure the safety and security of all children, is continuing our safety procedure for field trip drivers, chaperones and volunteers. (PALS, Motor Moms, ELVS)

It is necessary for all parents/guardians who will be chaperoning field trips to provide information for a criminal background check. The form found at the bottom of this letter is to be completed and returned to the school office. All of the forms from our building will then be sent to the Board of Education Office where the information will be entered into the ICHAT database. It is only the Office of the Administrator of Public Safety that is authorized to access the ICHAT database on behalf of the School District. Our school will be allowed to access a list of parents who are eligible to chaperone field trips. Except where disclosure is required by law, the results of the ICHAT database check will be shared on a 'need to know' basis only and will be kept on file in the Personnel office for the **current school year**.

Parents may elect not to be screened. **Please note that if you are not screened you will not be able to chaperone any children other than your own on school field trips.**

If you have any questions, please contact Mr. John Raymond, Administrator of Public Safety, at 734-744-2501. Thank you for your continued support of our children and school community.

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*(Please detach and return to your child's teacher.)*

*I agree that the School District may conduct or have conducted by an individual or entity of its choice, a conviction only criminal check on me. I hereby consent to this search being conducted, and to the disclosure of the results of the search to the individual or entity conducting the search to the School District. I understand and acknowledge that criminal convictions for any Felony or certain misdemeanors may result in disqualification from serving as a driver or chaperone. **PARENTS: ONLY ONE ICHAT FOR THE 2016-2017 SCHOOL YEAR IS NEEDED NO MATTER WHICH SCHOOL. THIS ICHAT will be effective for the 2016/2017 school year only.***

PRINT NAME (as shown on license) \_\_\_\_\_

Mr.  Mrs.  Ms.  Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ School: \_\_\_\_\_

Date of Field Trip \_\_\_\_\_ Teacher Name: \_\_\_\_\_

OR Date Volunteering at school \_\_\_\_\_ STUDENT NAME \_\_\_\_\_

**All of the above items must be filled out, and any changes made to this form will nullify this form. The form replaces and supersedes any previous form signed by me for this purpose.**

Revised 6/1/2016