

PLEASE READ BEFORE SIGNING:

I understand that:

- I. The information I have provided may be verified, and I give permission to the St. Louis Public Schools to make inquiry of others concerning my suitability to act as a St. Louis Public Schools Volunteer/Employee.

- II. In the course of volunteering/working for the St. Louis Public Schools, I may be dealing with confidential information, and I agree to keep said information in the strictest confidence.

- III. The relationship between the St. Louis Public Schools and volunteers/employees is an “at will” arrangement and may be terminated at any time without cause by either the volunteer/employee or the St. Louis Public Schools; and

- IV. I grant St. Louis Public Schools permission to use my likeness, voice and words in television, radio film, or any form to promote activities of St. Louis Public Schools.

If there are any changes in the above information, I will inform the St. Louis Public Schools. I affirm that I have read the above information, and the information I have given is true and complete.

Signed _____
(Volunteer/Employee)

Date _____

Please return this form to: St. Louis Public Schools
Central Office
113 E. Saginaw
St. Louis, MI 48880
Phone (989) 681-2545
Fax (989) 681-5894