

VOLUNTEER CONSENT FORM

In a continued effort to keep our schools as safe as possible, we are requiring volunteer parents and community members to apply for criminal history background checks provided by the Michigan State Police through their Internet Criminal History Access Tool, or ICHAT. The Volunteer Consent Form and any response will be kept confidential. You only need to submit one form per school, per year, regardless of the number of schools where you volunteer. This form will only be accepted if volunteer date is less than one month from submission. Thank you for your understanding and for all that you do for our students, schools, and community.

THIS FORM WILL BE KEPT CONFIDENTIAL

☐ Parent/Guardian ☐	☐ Grandparent ☐ Otl	her
PLEASE PRINT:	Student	's Name
Last Name	First Name	Middle Initial
Race:	Sex: F M _	
Birthday: Month	_ Date Year	
Copy of Photo ID mandatory	<u>v</u> : Driver's License or §	Student ID or Other
Other Last Name(Maiden Name)	Other First Name	Middle Initial
PLEASE LIST ALL SCHOO VOLUNTEER: (Forms with a		s' will not be accepted.)
I understand the Central Recorrequires the above information information for the sole purpos	rds Division of the Michigan St . I authorize Forest Hills Publi	
VOLUNTEER'S SIGNATUI	RE	DATE
		(Revised 08/13/15)