

THIS FORM WILL BE KEPT CONFIDENTIAL

The Northview Public Schools, parents and volunteers have worked hard together to create a partnership. In a continued effort to keep our schools as safe as possible, we are asking volunteer parents and community members to submit to criminal background checks. Our volunteers generously give their time to Northview students in many ways. As we do with all adults who supervise our students, if you choose to participate as a volunteer, we ask that you complete this form. If you do not wish to complete the form, then volunteer activities will be limited to group situations as approved by the principal or superintendent. The Volunteer Consent Form and any response will be kept confidential with the Principal of the school building and Superintendent (or designee). Thank you for your understanding with this matter and for all that you give to our schools, community and children. You need only submit this form once per school year.

Norman L. Taylor
Superintendent

VOLUNTEER CONSENT FORM

ONE FORM PER PERSON COVERS ALL STUDENTS AND ONE NAME PER FORM

(Check one box, please)

Parent/Guardian Grandparent Other _____

PLEASE PRINT:

Last Name: _____ First Name: _____ Middle Initial: _____

Race: _____ Sex: _____

Month of Birth: _____ Day of Birth: _____ Year of Birth: _____

Other Last Name: _____ Other First Name: _____ Middle Initial: _____

LIST ALL BUILDINGS YOU WILL BE VOLUNTEERING IN: _____

I understand the Central Records Division of the Michigan State Police, Lansing, Michigan, requires the above information. I authorize Northview Public Schools to utilize the above information for the sole purpose of obtaining a conviction-only criminal history file search.

VOLUNTEER'S SIGNATURE: _____ DATE: _____

VOLUNTEER'S PRINTED NAME _____

ADDRESS _____ PHONE _____

*******(Office Use Only)*******

DATE RECEIVED: _____ DATE SCREENED: _____

VOLUNTEER STATUS:

- OK
- DENIED

IF DENIED, DATE REPORTED TO BUILDING/PROGRAM SUPERVISOR: