

If any lines are left blank, form will not be accepted.



Huron School District

32044 Huron River Dr. New Boston, MI 48164 P: (734)-782-2441

Volunteer Consent Form

Student's Names

School

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

As a volunteer for the Huron School District, I understand that it is a District Procedure to perform a criminal conviction history file search on volunteers who will be working directly with students.

The following information is required in order to perform the criminal conviction history file search through the Michigan State Police Computerized system. Their system is a secured, encrypted web-based program with appropriate security protocols in place.

PLEASE PRINT CLEARLY

1. Volunteer Name: _____
(First) (Middle) (Last)

Race: White () Black () Asian/Pacific Islander () American Indian () Other ()

Gender: _____ Birth Date: _____

Maiden Name or Name(s) Previously Used: _____

2. Volunteer Name: _____
(First) (Middle) (Last)

Race: White () Black () Asian/Pacific Islander () American Indian () Other ()

Gender: _____ Birth Date: _____

Maiden Name or Name(s) Previously Used: _____

The information above is complete and accurate to the best of my knowledge. I understand that this information is required by the Central Records Division of the Michigan State Police. I authorize the Huron School District to utilize this information for the sole purpose of obtaining a criminal conviction history file search.

Volunteer #1 Signature Date

Volunteer #2 Signature Date