

**SCHOOLCRAFT COMMUNITY SCHOOLS
VOLUNTEER**

Please fill out only one volunteer form for the current school year.
It is not necessary to complete multiple forms for each child.

Thank you for volunteering your time to our district. Your efforts are certainly appreciated by the staff and students of Schoolcraft Community Schools. With the passage of the School Safety Legislation Act, it is imperative that you read and sign the following. Please return this form to the appropriate building administrator/athletic director/transportation. If you have any questions or concerns about the School Safety Legislation Act, please do not hesitate to contact Amie Goldschmeding at goldschmedinga@schoolcraftcs.org.

MICHIGAN SCHOOL SAFETY LEGISLATION LAW

Michigan School Safety Legislation, effective January 1, 2006 requires any person who volunteers to work with the District shall be screened through the Internet Criminal History Access Tool criminal history records check, prior to being allowed to participate in any activity or program.

I, _____ agree to allow Schoolcraft
(Signature of parent/volunteer)

Community Schools to perform a screening through the Internet Criminal History Access Tool criminal history records check. (If under the age of 18, parent must sign form below also)

(Parent Signature)

(Date)

Full Name:(first, middle, last) _____ Maiden/Other Name _____

Race: _____ Sex: _____ D.O.B.(00/00/0000) _____ Birth State _____

___A. I have not been convicted of, or pled guilty or nolo contendere (no contest) to any crimes.

___B. I have been convicted of or pled guilty or nolo contendere (no contest) to the following crimes (use separate sheet to explain nature of conviction, date and court).

Please list events you will be assisting with:

1. _____ 2. _____ 3. _____

Please list the student's name and relationship to student:

1. _____
Students Name-Please Print Relationship to Student Grade

2. _____
Students Name-Please Print Relationship to Student Grade

3. _____
Students Name-Please Print Relationship to Student Grade

4. _____
Students Name-Please Print Relationship to Student Grade

School Use Only

Notified Building Administrator/Department of Results _____ Yes _____ No

Approved _____ Yes _____ No

Approved By _____