

NAME _____
(Please Print) Last First Middle Name

VOLUNTEER CRIMINAL RECORD STATEMENT ICHAT

Pursuant to Public Act 68 of 1993 and Public Act 83 of 1995, I represent that (check one):

- I **have not** been convicted of or pled guilty or nolo contendere (no contest) to any crimes.
- I **have** been convicted of or pled guilty or nolo contendere (no contest) to the following crimes (use separate sheet to explain the nature of conviction, date, and district court):

I understand and agree that pursuant to Public Act 68 of 1993 and Public Act 83 of 1995:

- The Board of Education of the school district or governing body of the nonpublic school (the "School") must request a criminal history check on me from the Central Records Division of the Michigan Department of State Police; and
- until that report is received and reviewed by the School, I am regarded as a conditional volunteer; and
- if the report received from the Department of State Police is not the same as my representation(s) above, respecting either the absence of any conviction(s) or any crimes of which I have been convicted, my employment contract is voidable at the option of the School.

Pursuant to the policies established by Allendale Public Schools, a criminal background check is required on employees and volunteers working within the district. In order to do so, please provide us with the following information:

PLEASE PRINT

RACE _____ SEX _____ PHONE # _____ DATE OF BIRTH _____

PROGRAM VOLUNTEERING FOR _____

Check all that apply: _____ ECC _____ Evergreen _____ Springview _____ Oakwood _____ Middle School _____ High School

OTHER LAST NAME(s) _____ OTHER FIRST NAME _____ OTHER M. NAME _____
(Maiden, Former, Alias, or N/A)

CURRENT ADDRESS _____ CITY _____ ZIP _____

I hereby authorize and unqualifiedly grant permission to the Allendale Public School District and its administration to make inquiries and to obtain any records from law enforcement and/or judicial authorities to determine whether any record of criminal conviction exists and whether there are any felony charges pending against me, including the nature of the offense(s).

Signature _____ Date _____

Supervisor : IMPORTANT: Photocopy Driver's License and staple to form.

Send completed form to Amy Vissers, District Office

Do Not Write Below This Line.....For District Office Use Only..... Do Not Write Below This Line.....For District Office Use Only

Records Found _____ Date _____ Initials _____ On list _____