

RIVERVIEW COMMUNITY SCHOOL DISTRICT
13425 Colvin
Riverview, Michigan 48193

VOLUNTEER CONSENT FORM

1.) Student Name: _____ School: _____
EVENT: _____ Event date: _____

2.) Student Name: _____ School: _____
EVENT: _____ Event date: _____

As a volunteer for the Riverview Community 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: _____
(Last) (First) (Middle)

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

Sex: Male () Female () Birth Date: _____
mm/dd/yyyy

Maiden Name or
Name(s) Previously Used: _____

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

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

Sex: Male () Female () Birth Date: _____
mm/dd/yyyy

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 Riverview Community 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