

VOLUNTEER CONSENT FORM

(Please fill out front and back side of form)

Student Name: _____ Building: _____

In order to ensure the protection of children in the care of TRENTON PUBLIC SCHOOLS, school policy requires, prior to any and all persons providing a volunteer service at the school or for any function conducted by the school; all potential volunteers complete a State of Michigan ICHAT background check. Any applicant declining to complete a "Volunteer Consent Form" will not be considered.

***ALL VOLUNTEERS ARE REQUIRED TO PROVIDE A COPY OF YOUR DRIVERS LICENSE**

***IF YOU ARE DRIVING STUDENTS, YOU WILL ALSO NEED TO PROVIDE PROOF OF CAR INSURANCE AND VEHICLE REGISTRATION**

Full Printed Name: _____

Maiden name or other name(s) previously used: _____

DOB: _____ Sex: _____ Eye Color: _____ Hair Color: _____ Height: _____
[mm/dd/yyyy]

Race: White___ Black___ Asian___ American Indian___ Alaskan Native___ Hispanic___ Other___

HISTORY INFORMATION

1) Have you volunteered at TRENTON PUBLIC SCHOOLS before? Yes No

2) Have you ever pled guilty, or been convicted of a felony in a state or federal court?

Yes No

Date and state offense/conviction occurred: _____

If yes, provide a detailed description of the conviction: _____

3) Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court?

Yes No

Date and state offense/misdemeanor occurred: _____

If yes, provide a detailed description of the conviction: _____

4) Are you the subject of a current criminal investigation or have pending charges against you?

Yes No

Date and state the investigation is ongoing: _____

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If yes, provide a detailed description of the investigation or pending charges: _____

TRENTON PUBLIC SCHOOLS reserves the right to “approve” or “deny” any volunteer service upon review of the background check returned. The determination will be based upon the individual’s fitness to have responsibility for the safety and wellbeing of children. Providing false information, or information contradicting to the background check information, is grounds for immediate volunteer denial.

By affixing your signature to this form you acknowledge your statements are to be true and give full consent to complete the requested background check.

Signature: _____
Date Signed: _____

OFFICE USE ONLY

Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Date Approved/Denied:	Determining Staff Member:
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