ADMINISTRATIVE SERVICE CENTER 18700 Audette Dearborn, MI 48124 313-827-3002 Volunteers and Chaperones Criminal Conviction History Form



I understand that as a Volunteer and/or Chaperone of the Dearborn Public Schools I am subject to a criminal conviction history check to ensure the safety of all children.

I understand that the information below is required by Dearborn Public Schools to conduct a criminal conviction history check using the Michigan State Police Internet Criminal History Tool (ICHAT). I authorize Dearborn Public Schools to utilize this information for the sole purpose of obtaining a conviction-only history file search. All information received will be held in confidence with results viewed only by the Director of Human Resources.

Name:					
(Please Print)	Last Name	Maiden Name/Other		First Name	MI
Date of Birth:	//	Sex:	Race:	(Please choose one)	
				White	
Relationship to stu	ident/s:			Black	
				Asian/Pacific Islander	
Driver's License #	•			American Indian/Alas	kan Native
				Unknown/Other	
Phone #:					

Please list all of your children who are enrolled in Dearborn Public Schools.

Student's Name	School Building	Grade/Class
Student's Name	School Building	Grade/Class
Student's Name	School Building	Grade/Class
Student's Name	School Building	Grade/Class

• I agree to abide by all Board policies and District guidelines while on duty as a volunteer.

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- I agree to give the Dearborn Public Schools the right to use ICHAT and/or fingerprinting for the sole purpose of obtaining a conviction-only history file search.
- I will release the District of any obligation should I become ill or receive an injury as a result of my volunteer service.

	Signature	Date			
	PLEASE HAVE SIGNATURE WITNESSED BY PRINCIPAL OR PRINCIPAL'S DESIGNEE. PHOTO COPY OF DRIVER'S LICENSE MUST BE ATTACHED TO THIS FORM.				
Witness:	Signature	Date			
Witness Name: _	Please Print	_			
Updated 10/5/2021	Please return to your student's school.				