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|  **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

 🞎 Black

Driver’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Asian/Pacific Islander

 🞎 American Indian/Alaskan Native

 🞎 Unknown/Other

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.
* 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 9/24/13 **Please return to your student’s school.**