

**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
 Asian/Pacific Islander
 American Indian/Alaskan Native
 Unknown/Other

Driver's License #: _____

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