



VOLUNTEERS RELEASE FORM FOR VOLUNTEER CRIMINAL HISTORY AND SEX OFFENDER RECORDS CHECKS

Please print using black ink.

Please fill in all required information.

REQUIRED INFORMATION:

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

RACE (CIRCLE ONE): WHITE BLACK ASIAN or PACIFIC ISLANDER
 AMERICAN INDIAN or ALASKAN NATIVE OTHER

SEX (CIRCLE ONE): MALE FEMALE

MONTH OF BIRTH: _____ DAY OF BIRTH: _____ YEAR OF BIRTH: _____

MAIDEN/PREVIOUSLY USED NAME(S), IF ANY: _____

MICHIGAN DRIVER'S LICENSE NUMBER: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

☐ COPY ATTACHED

☐ ARE YOU WILLING TO DRIVE?

VOLUNTEER TYPE: ☐ Overnight ☐ Off-Site ☐ Out of State

If any one of the above boxes are marked the volunteer must complete the fingerprinting process

STUDENT'S NAME	TEACHER	RELATIONSHIP TO STUDENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

VOLUNTEER DISCLOSURE

*By virtue of my signature, I certify that the name and personal descriptive information is accurate as recorded on this document.
I recognize my right to challenge the accuracy or completeness of the information contained in a criminal history record check, sex
offender registry check, or any other records check.*

Signature of Volunteer

Date