

NAME \_\_\_\_\_  
(Please Print) Last First Middle Name

Student Name(s)/Teacher \_\_\_\_\_

## VOLUNTEER CRIMINAL RECORD STATEMENT ICHAT

Pursuant to Public Act 68 of 1993 and Public Act 83 of 1995, I represent that (check one):

- I **have not** been convicted of or pled guilty or nolo contendere (no contest) to any crimes.
- I **have** been convicted of or pled guilty or nolo contendere (no contest) to the following crimes (use separate sheet to explain the nature of conviction, date, and district court):

\_\_\_\_\_  
\_\_\_\_\_

I understand and agree that pursuant to Public Act 68 of 1993 and Public Act 83 of 1995:

- The Board of Education of the school district or governing body of the nonpublic school (the "School") must request a criminal history check on me from the Central Records Division of the Michigan Department of State Police; and
- until that report is received and reviewed by the School, I am regarded as a conditional volunteer; and
- if the report received from the Department of State Police is not the same as my representation(s) above, respecting either the absence of any conviction(s) or any crimes of which I have been convicted, my employment contract is voidable at the option of the School.

Pursuant to the policies established by McBain Rural Agricultural Schools, a criminal background check is required on employees and volunteers working within the district. In order to do so, please provide us with the following information:

**PLEASE PRINT**  
RACE \_\_\_\_\_ SEX \_\_\_\_\_ PHONE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

OTHER LAST NAME(s) \_\_\_\_\_ OTHER FIRST NAME \_\_\_\_\_ OTHER M. NAME \_\_\_\_\_  
(Maiden, Former, Alias, or N/A)

CURRENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

I hereby authorize and unqualifiedly grant permission to the McBain Rural Agricultural School District and its administration to make inquiries and to obtain any records from law enforcement and/or judicial authorities to determine whether any record of criminal conviction exists and whether there are any felony charges pending against me, including the nature of the offense(s).

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Supervisor : IMPORTANT: Photocopy Driver's License and staple to form.**

*Do Not Write Below This Line.....For District Office Use Only..... Do Not Write Below This Line..... For District Office Use Only*

Records Found \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_ On list \_\_\_\_\_