

# Volunteer Authorization and Consent Form

In an effort to help keep our children safe, the Orchard View School Board is requiring any person who volunteers to be with our kids have a criminal background check through ICHAT system. If you plan on chaperoning anything for your child this school year, please complete the form below and we will process it prior to your child's event. We appreciate your time. Please complete all the starred (\*) blanks. **Please return this form to the Orchard View School office at least two weeks prior to volunteering. Thank you!**

Please use BLACK ink!

\* Volunteer's Name: Last/First/Middle Initial \_\_\_\_\_

\* Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

\* Race \_\_\_\_\_ Sex M F Date of Birth: \_\_\_\_ / \_\_\_\_ / 19 \_\_\_\_

\* Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*Driver's License Number \_\_\_\_\_

\* Other names used: \_\_\_\_\_

School Name \_\_\_\_\_

\* Child's first and last name \_\_\_\_\_ \* Child's Grade & Teacher: \_\_\_\_\_

I hereby authorize Orchard View Schools to request a Cumulative Criminal History (CCH) report through the Michigan State Police (MSP) and a check of the ICHAT system. I understand that the information obtained from these checks will be released to Orchard View Schools for the purpose of evaluating my qualifications to serve as a volunteer within this organization. I understand the organization will not use the information except for the above purpose.

\*Volunteer Signature \_\_\_\_\_ \* Date \_\_\_\_\_

## For Administrative Use Only

Date \_\_\_\_\_ Time \_\_\_\_\_ Staff \_\_\_\_\_

Remarks \_\_\_\_\_

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