

**KINGSLEY AREA SCHOOLS  
402 FENTON STREET  
KINGSLEY, MI 49649  
(231) 263-5261  
BRAD REYBURN, SUPERINTENDENT**

## VOLUNTEER CONSENT FORM

As a prospective volunteer of Kingsley Area Schools, I understand that it is this district's policy to secure conviction criminal history information as part of their volunteer screening process using the information provided below.

I also understand that as a volunteer, I am releasing the District of any obligation should I become ill or receive an injury as a result of my volunteer services.

**Please complete this form in its entirety for processing.**

Name: \_\_\_\_\_  
                    **LAST**  **FIRST**  **MIDDLE**

Maiden Name/Names Previously Used: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Post Office Box (if applicable): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I UNDERSTAND THAT **ALL** OF THE ABOVE INFORMATION IS **REQUIRED** BY THE CENTRAL RECORDS DIVISION OF THE MICHIGAN STATE POLICE, LANSING, MICHIGAN.

I AUTHORIZE KINGSLEY AREA SCHOOLS TO UTILIZE THE ABOVE INFORMATION FOR THE SOLE PURPOSE OF OBTAINING A CONVICTION ONLY CRIMINAL HISTORY FILE SEARCH.

\_\_\_\_\_  
**SIGNATURE OF VOLUNTEER**

\_\_\_\_\_  
**DATE**

**\*PLEASE COMPLETE THIS SECTION OF THE FORM OR IT WILL NOT BE PROCESSED.**

What are you volunteering for? **Please Explain:**

\_\_\_\_\_

What Age/Grade Level/Child are you volunteering to participate with?

\_\_\_\_\_

\_\_\_\_\_

**PLEASE COMPLETE AND SIGN BOTH SIDES OF THIS FORM**

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**BRAD REYBURN, SUPERINTENDENT**

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 nature of conviction, date and disposition of case if necessary).

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

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

1. The Board of Education of Kingsley Area Schools must request a criminal history check on me from the Central Records division of the Michigan Department of State Police and the Federal Bureau of Investigation (FBI).
2. Until that report is received and reviewed by the School, I cannot serve in the capacity as a volunteer.
3. If the report received from the Michigan Department of State Police or the FBI is not the same as my representations above respecting either the absences of any convictions or any crimes of which I have been convicted, my potential service as a volunteer will be denied at the option of the School.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

Volunteer Consent forms must be completed each school year by all volunteers.

**PLEASE COMPLETE AND SIGN BOTH SIDES OF THIS FORM**