Utica Community Schools
Every Child Achieves

PLEASE RETURN THIS COMPLETED FORM TO YOUR CHILD'S SCHOOL

As a prospective volunteer of the Utica Community Schools, I understand that it is the school district's policy to secure Conviction Criminal History information as part of their screening process using the information provided below:

PLEASE PRINT CLEARLY
(All requested information must be completed)

School Year 2018/2019

NAME: _____
LAST (***as shown on your license)*** FIRST Middle Initial

Maiden Name/Names Previously Used: _____

Daytime Phone: _____ Other Phone: _____

Birthdate: _____ Race: _____ Gender: _____

MICHIGAN Driver's License No: _____ (State ID not accepted)

School Name _____

Student(s) Name: _____Student(s) Grade: _____

Volunteer For: _____
(List teacher, activity, specific fieldtrip and date attending)
Please submit 2 weeks prior to activity

Be advised, if you have been convicted of a FELONY, volunteer activity will be restricted.

Have you ever been convicted of a felony? _____ Yes _____ No

Are there any felony charges currently pending against you? _____ Yes _____ No

If yes, please explain the nature of conviction and date of conviction: _____

_____

_____

_____

I understand that the above information is required by the Central Record Division of the Michigan State Police in Lansing, Michigan. I authorize Utica Community Schools to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search.

Signature _____ Date _____

Updated 7/9/18