



PLEASE ALLOW 2 WEEKS FOR PROCESSING

Volunteer Application

Name of Volunteer _____
(One volunteer per application please) Please Use Ink and Print Clearly

Child/ren's First/Last Name(s) _____

Name of School(s) _____

Volunteer's Mailing Address _____ City _____ State ____ ZIP _____

Home Phone#: _____ Work/Cell Phone#: _____

E-mail Address: _____

I understand that misrepresentation or omission of facts required in this application is cause for rejection of the application or termination of any volunteer services you are involved in at the time such misrepresentation becomes known.

____ Certify with your initials that you have read and understood the District's Code of Ethics for volunteers.

Applicant will receive written notification when application is approved.

As a prospective volunteer of Lapeer Community Schools, I understand that part of the volunteer screening process is to conduct a Criminal History and Sex Offender Registry check using the **REQUIRED INFORMATION** provided by me below:

Name _____
(Last) (First) (Middle Initial)

Maiden Name/Names Previously Used _____

Birthdate ____/____/____ Race _____ Please Circle: Male or Female

Have you ever been convicted of a felony? _____ Please provide a "yes" or "no" answer. If yes, explain when, where, and the nature of the offense: _____

I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan. I authorize **Lapeer Community Schools** to utilize the above information for the sole purpose of obtaining a "conviction-only" criminal file search.

Applicant's Signature _____ Date _____

Original signature required for processing – no copies or faxes accepted

Office Use Only

Application Approved by: _____ Expiration Date: _____

Criminal History (ICHAT) Check/Date _____ Public Sex Offender Registry (PSOR) Check/Date _____

Offender Tracking Information System (OTIS) Registry Check/Date _____

Comments: _____