



**Kingsley Area Schools**

402 Fenton Street  
Kingsley, MI 49649  
Phone: 231-263-5261  
Fax: 231-263-5282

**Joshua Rothwell, Superintendent**

jrothwell@kingsleyschools.org

**Brittany Moen, Executive Secretary**

bmoen@kingsleyschools.org

## 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 the volunteer screening process using the information provided below.

I 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.

Name: \_\_\_\_\_

Last

First

Middle

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

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

P.O. Box (If applicable): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Primary Phone Number: \_\_\_\_\_ Alternate 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 OR YOUR REQUEST WILL NOT BE PROCESSED**

What are you volunteering for? Please Explain:

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

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



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Pursuant to Public Act 68 of 1993 and Public Act 83 of 1995,

I, (Name) \_\_\_\_\_

Represent that (check one)

\_\_\_\_\_ I have NOT been convicted of or pled guilty or no content (nolo contendere) to any crimes.

\_\_\_\_\_ I HAVE been convicted of or pled guilty, or no contest (nolo contendere), to the following crimes (please attach an additional 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 myself 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 service in the capacity of 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 crimes of which I have been convicted of, the potential services as a volunteer will or can be denied at the option of the school.

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

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

\*New volunteer consent forms must be completed each school year by all volunteers.

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