



Reference No: _____

ROSEVILLE COMMUNITY SCHOOLS

Roseville, Michigan

VOLUNTEER APPLICATION FORM

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

Please Print Clearly
(All requested information must be completed)

NAME: _____
Last First Middle

Maiden Name/Names Previously Used: _____

Daytime Phone: _____

Volunteer's Birthdate: _____ Race: _____ Sex: _____
Month/Day/Year

Volunteer for:

Student Name: _____ Teacher: _____ School Name: _____

Student Name: _____ Teacher: _____ School Name: _____

Student Name: _____ Teacher: _____ School Name: _____

Activity/Activities: _____ Date if known: _____

How are you related to the child? _____ Parent
_____ Step-Parent
_____ Grandparent
_____ Other-Please Explain

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 Roseville Community Schools to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search.

Signature

Date

For School Use Only

Rev. 11/2009

Approved _____ Not approved _____

Date: _____