

## VOLUNTEER CONSENT FORM 2025-2026 School Year

As a prospective volunteer for KENTWOOD PUBLIC SCHOOLS, I understand that it is the district's policy to secure conviction criminal history information as part of their pre-screening process using the information provided below.

I understand the following information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan. By signing this form, I authorize Kentwood Public Schools to utilize the following information for the purpose of obtaining a criminal history background check.

Please allow up to two weeks processing time.

Volunteer's information:

NAME:		
LAST F	IRST	MIDDLE
MAIDEN NAME / NAMES PREVIOUSLY USED:		<del></del>
RACE LISTED ON ORIGINAL BIRTH CERTIFICAT (Example: Black, White, Asian/Pacification)		laskan Native)
BIRTH DATE:	GENDER (circle one):	Male Female
PHONE NUMBER:		
VOLUNTEER'S SIGNATURE:		DATE:
Student(s) Name(s) (List all):		

## PLEASE MARK **ALL BUILDINGS** THAT YOU HAVE STUDENTS AT AND MAY VOLUNTEER FOR:

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Athletics	Explorer
ARCH	EKHS
Bowen	EKFC
Brookwood	Glenwood
Challenger	Hamilton
Crestwood	Meadowlawn
Crossroads	Pinewood
Discovery	Southwood
Early Childhood Center	Townline
Endeavor	Valleywood