



## VOLUNTEER INFORMATION FORM

### STUDENT INFORMATION

NAME OF SCHOOL \_\_\_\_\_ TEACHER \_\_\_\_\_

NAME OF STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

### PARENT/VOLUNTEER INFORMATION

LEGAL FIRST NAME \_\_\_\_\_

LEGAL MIDDLE NAME \_\_\_\_\_

LEGAL LAST NAME \_\_\_\_\_

RACE (Circle One):      WHITE      BLACK      AMERICAN INDIAN  
ALASKAN NATIVE      ASIAN      PACIFIC ISLANDER      OTHER

GENDER (Circle One):      MALE      FEMALE

DATE OF BIRTH \_\_\_\_\_

MAIDEN NAME OR ANY OTHER LEGAL LAST  
NAME/NAMES \_\_\_\_\_

I UNDERSTAND THAT THE ABOVE INFORMATION IS REQUIRED BY THE CENTRAL RECORDS DIVISION OF THE MICHIGAN STATE POLICE, LANSING, MICHIGAN.

I AUTHORIZE THE COLDWATER COMMUNITY SCHOOL DISTRICT TO UTILIZE THE ABOVE INFORMATION FOR THE SOLE PURPOSE OF OBTAINING A CONVICTION ONLY CRIMINAL HISTORY FILE SEARCH.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

For Office Use Only:

Date Entered: \_\_\_\_\_

Spreadsheet Line: \_\_\_\_\_

Entered By: \_\_\_\_\_

For Superintendent Use Only:

Approved

Denied

\_\_\_\_\_

\_\_\_\_\_