



VOLUNTEER INFORMATION FORM

STUDENT INFORMATION

NAME OF SCHOOL _____

NAME OF STUDENT _____

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 _____