

KENTWOOD PUBLIC SCHOOLS 5820 Eastern Avenue SE Kentwood, Michigan 49508-6200

VOLUNTEER CONSENT FORM (2024-2025)

(OPTIONAL ONLY) Not Required To Register Students

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 **(PRINT CLEARLY)**:

NAME:		
NAME:LAST	FIRST	MIDDLE
MAIDEN NAME / NAMES PREVIOUSLY	/ USED:	
RACE LISTED ON ORIGINAL BIRTH CE (Example: Black, White, Asia	ERTIFICATE:n, Hispanic, American Indian, etc.)	
BIRTH DATE:		
(Birthday of volu	ınteer only)	
Male: Female:		
I understand the above information is a Police, Lansing, Michigan. I authorize I sole purpose of obtaining a conviction-or	Kentwood Public Schools to utilize the	e above information for the
VOLUNTEER'S NAME (PLEASE PRINT	CLEARLY):	
VOLUNTEER'S SIGNATURE:		
STUDENT'S NAME:		
BUILDING/DEPARTMENT: GLENWOOD) ELEMENTARY	
CONTACT NUMBER:		
DATE:		
WHAT ARE YOU VOLUNTEERING FOR	R EXACTLY? (PLEASE EXPLAIN BRI	EFLY)