

_____ 6th Grade Field Trip _____ 7th Grade Field Trip _____ 8th Grade Field Trip

Cell phone contact number _____

Orchard View Schools

Volunteer Authorization and Consent Form

In an effort to help keep our children safe, the Orchard View School Board is requiring any person who volunteers to be with our kids have a criminal background check through ICHAT system. If you plan on chaperoning anything for your child this school year, please complete the form below and we will process it prior to your child's event. We appreciate your time. Please complete all the starred (*) blanks. *Please return this form to the Orchard View Schools office at least two weeks prior to volunteering.* Thank You!
Please use BLACK ink!

Volunteer's Name: (Last/First/Middle Initial): _____

Address: _____ City _____ Zip _____

Race: _____ Sex: M F Date of Birth ___/___/___ Driver's License Number: _____

Other names used (maiden): _____

School Name: _____ Teacher: _____

Child's First and Last name: _____

Volunteer Parent/grandparent Student Employee Other: _____

I hereby authorize Orchard View Schools to request a Cumulative Criminal History (CCH) report through the Michigan State Police (MSP) and a check of the ICHAT system. I understand that the information obtained from these checks will be released to Orchard View Schools for the purpose of evaluating my qualifications to serve as a volunteer within this organization. I understand the organization will not use the information except for the above purpose.

Volunteer Signature: _____ Date: _____

For Administrative Use Only

Date: _____ Time: _____ Staff: _____

Remarks: _____
