RHS ATHLETIC USE ONLY

THIS FORM WILL BE KEPT CONFIDENTIAL

Sport: V / JV / Fr / MS / Com Ed

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Rockford Public Schools

Together Building A Tradition of Excellence

District Accredited by AdvancED/NCA
Blue Ribbon Exemplary Schools

The Rockford Public Schools, parents, and volunteers have worked together to create true community schools. This partnership has helped our students achieve higher and have more success academically. In a continued effort to keep our schools as safe as possible, we are asking volunteer parents and community members to submit to criminal background checks through the Volunteer Consent Form. Any response will be kept confidential with the District Security Department. Thank you for your understanding with this matter and for all you give to our schools, community, and children. You need only submit this form once per school year.

VOLUNTEER CONSENT FORM

ONE FORM PER PERSON COVERS FOR THE ENTIRE SCHOOL YEAR

(Check one box, please)

PLEASE PRINT:

Last Name:_____First Name:_____Middle Initial:_____

Race:_____ Sex:_____

Month of Birth:_____ Day of Birth:_____Year of Birth:_____

MI Driver License Number:_____

Other Last Name:_____ Other First Name:_____ Middle Initial:_____

Other Last Name:_____ Other First Name:_____ Middle Initial:_____

LIST ALL BUILDINGS YOU WILL BE COACHING AT:_____

_____

I understand the Central Records Division of the Michigan State Police, Lansing, Michigan, requires the above information. I authorize Rockford Public Schools to utilize the above information for the sole purpose of obtaining a conviction-only criminal history file search.

VOLUNTEER'S SIGNATURE: _____

DATE: _____

4100 Kroes, Rockford, Michigan 49341
Phone: 616-863-6034 -- Fax: 616-866-7112

SEND COMPLETED FORM DIRECTLY TO SECURITY DEPT