

# PELLSTON PUBLIC SCHOOLS

## Office of the Principal

**Confidential Volunteer Background Check  
Required Information (Page 1 of 2)**

NOTE: According to School Safety Legislation it is not necessary for volunteers to be fingerprinted to have a criminal history check processed. However, for the protection of our students and staff it will be necessary for all volunteers to complete a "Disclosure of Criminal History" form and provide the necessary information so that an on-line criminal background check can be processed on a yearly basis (each school year). There is no cost to the volunteer for this procedure. The necessary forms are attached and should be turned in to the Superintendent's office. Building Principals will be notified when the forms have been processed or if there is a problem/concern.

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

As a prospective volunteer of the Pellston School District, I understand that it is policy to secure conviction criminal history information as part of the volunteer screening process using the information provided below.

First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_

Type of volunteer work with Pellston Schools: \_\_\_\_\_

Race: \_\_\_\_ (White, Black, Asian or Pacific Islander, American Indian or Alaskan Native, Unknown or Other)

Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_

Any other name(s) (Maiden, etc): \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_

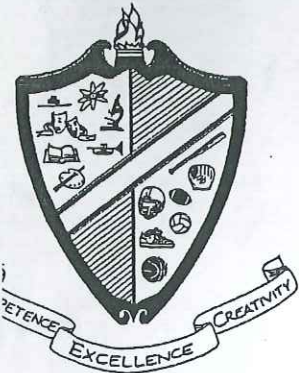
First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name \_\_\_\_\_

I understand that the Central Records Division of the Michigan State Police, Lansing, Michigan, requires the above information. I authorize the Pellston School District to utilize the above information for a the sole purpose of obtaining a conviction only criminal history file search.

I certify that I truthfully completed all information components and have filled in all requested information above.

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

\_\_\_\_\_  
Date



# PELLSTON PUBLIC SCHOOLS

## Office of the Principal

### DISCLOSURE OF CRIMINAL HISTORY

I, \_\_\_\_\_, Represent that (check one):  
First and Last Name

\_\_\_ 1. I have not been convicted of, or pled guilty or nolo contendere (no contest) to any crimes.

\_\_\_ 2. I am awaiting disposition of a pending criminal case (please explain below):

a. \_\_\_\_\_

b. \_\_\_\_\_

\_\_\_ 3. I have been convicted of or pled guilty or nolo contendere (no contest) to the following crimes (use separate sheet to explain nature of conviction, date and court):

a. \_\_\_\_\_

b. \_\_\_\_\_

I understand and agree that:

1. The school district will request and on-line criminal history check on me from the Central Records Division of the Michigan Department of State Police and/or the Federal Bureau of Investigation (F.B.I.).
2. Until that report is received and reviewed by the school district, I can not volunteer and;
3. If the report received from the Michigan Department of State Police or the F.B.I. is not the same as my representation(s) above respecting either the absence of any conviction(s) or any crimes of which I have been convicted, or are pending, my volunteering is voidable at the option of the District.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Further, I have been hereby notified that I will be required to immediately self-report to the school district if I am arraigned/charged with any crime during this school year and may no longer be eligible to volunteer.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



# CENTRAL REGISTRY CLEARANCE REQUEST

## Michigan Department of Human Services

**INSTRUCTIONS:**

- An enlarged and clear copy of individual's photo identification must be attached.
- For Michigan employers, individuals and volunteer agencies, submit this request to the local County Department of Human Services. To obtain the address and fax number of your local county DHS, access [www.michigan.gov/dhs](http://www.michigan.gov/dhs) -> Inside DHS.
- For individuals seeking clearance on themselves, the results will be sent to the address on the picture identification provided.
- Outstate Children's Protective Services workers, law-enforcement, and court officials fax request to 517-241-7047 (Outstate only) on agency letterhead with cover sheet.
- All fields must be completed for processing.

**SECTION 1  
INFORMATION ON PERSON BEING CLEARED**

Name First, Middle, Last	AKA (Also Known As) (Maiden Name)	Social Security Number	Signature Required for individual being cleared
Address	Phone Number	Date Of Birth	

**SECTION 2  
REQUESTOR INFORMATION**

**Please Check Appropriate Box**

Child Welfare Agency       Employer  
 Individual       I would like to pick up my results in \_\_\_\_\_ county       Volunteer Agency  
 Law-Enforcement/Dept of Corrections       Out-of-State Adoption and Foster Home Screening  
 Prosecuting Attorney/Court (please provide docket number if available) \_\_\_\_\_ MI       Other \_\_\_\_\_

Name of Employer/Volunteer Agency/Individual		Name of CPS/Law-Enforcement or Court	
Name	Title	City	State
Address	City	State	Zip Code
Phone _____	Fax _____	E-mail _____	Date _____

**Employers/Volunteer agencies – will ONLY receive responses of NO central registry if the name being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry history hits per CPL 722.627.**

For questions about completing this form, please contact the local Michigan Department of Human Services, Children's Protective Services or CPS Program office at 517-373-6028. Mail questions to PO Box 30037, 235 S. Grand Avenue, Suite 510, Lansing, Michigan 48909

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land. The confidentiality of central registry information is protected by Sections 7 through 7J of the Michigan Child Protection Law (MCL 722.627-722.627J). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

COPY PHOTO ID HERE AND RETAIN A COPY  
FOR YOUR RECORDS  
OR ATTACH A CLEAR COPY OF YOUR ID  
ON A SEPARATE PAGE