

THIS FORM WILL BE KEPT CONFIDENTIAL



Tri County Area Schools  
Academics • Arts • Athletics • Achievement

## VOLUNTEER CONSENT FORM

(CHECK ONE BOX, PLEASE)

- PARENT/GUARDIAN     GRANDPARENT     COMMUNITY MEMBER     FRIEND
- COLLEGE/STUDENT ASSISTING     COLLEGE/STUDENT TEACHING     TC BOARD MEMBER
- TC STUDENT VOLUNTEER     OTHER STUDENT VOLUNTEER     OTHER \_\_\_\_\_

Student Name \_\_\_\_\_ School Name \_\_\_\_\_

As a prospective volunteer for Tri County Area Schools, I understand that the district may check my criminal history information.

Name (Mr./Mrs./Ms.) \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Maiden Name/Names Previously Used: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

- Race:  WHITE  
 BLACK  
 ASIAN OR PACIFIC ISLANDER  
 AMERICAN INDIAN OR ALASKAN NATIVE  
 UNKNOWN/OTHER

Driver's License #: \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_

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

94 Cherry Street, Sand Lake, MI 49343  
PHONE: 616 636-5454 – FAX: 616 636-5677

Updated 01/2010