

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 _____

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: _____

Social Security #: _____ Driver's License #: _____

Ethnicity: _____

Volunteer's Signature: _____

Date: _____

94 Cherry Street, Sand Lake, MI 49343
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