



CHELSEA
SCHOOL DISTRICT

HUMAN RESOURCES

500 Washington Street
Chelsea, MI 48118
P: 734.433.2208
F: 734.433.2218
www.chelsea.k12.mi.us

Volunteer – Criminal History Check

Thank you for your support of the Chelsea School District. We appreciate our volunteers who help make the District a special place. In order to ensure the safety of our students and staff, we require background checks for all volunteers (any parent/stakeholder working at a school-sanctioned event in supervision of, responsible for or in contact with students).

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

Date of Birth: ____/____/____ Race: White American Indian or Alaskan Native
 Black Asian or Pacific Islander
 Other

Gender: Male Female

Email: _____ Cell Phone: _____

Today's Date: _____

Please Note: An online criminal history check will be conducted prior to your volunteering in the Chelsea School District. This form will also give consent for the District to authorize this background check. All criminal history checks and information will be kept confidential.

I consent to a criminal history check by the Chelsea School District.

Signature: _____

For Office Staff Use Only:

Check Performed:

OK to Volunteer: OR Check forwarded to HR for clearance:

Office Initials: _____