



MARQUETTE AREA PUBLIC SCHOOLS VOLUNTEER FORM

NAME (PLEASE PRINT) _____
Last First Middle

MAIDEN NAME / NAMES PREVIOUSLY USED _____

BIRTH DATE _____ RACE _____ GENDER _____

ADDRESS _____ PHONE _____

EMAIL _____ VOLUNTEERING FOR _____
Name of School or Sport

- As a prospective employee / volunteer of the Marquette Area Public Schools, I understand that it is policy to secure criminal conviction history information as part of pre-employment screening and volunteer process using the information on this form.
- I understand that the information on this form is required by the central records division of the Michigan State Police, Lansing, Michigan.
- I authorize the Marquette Area Public Schools to utilize the above information for the sole purpose of obtaining a conviction only criminal file search.
- I understand that if there is a negative result, MAPS may require fingerprinting.
- I understand that I am not to have contact in any volunteer, supervisory, coaching, or employment capacity with any MAPS students or personnel until this form has been processed and approved by MAPS.
- I understand that while volunteering I may come in contact with confidential information. I agree not to disclose this information to anyone unless required to do so by law.

SIGNATURE OF VOLUNTEER / EMPLOYEE

DATE

PLEASE RETURN COMPLETED FORM ONE WEEK BEFORE PROPOSED START DATE:

Renee Pederson
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