



School District of the City of Pontiac Administration Building

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BACKGROUND CHECK RELEASE FORM

DISCLOSURE STATEMENT

As part of the volunteer/employee selection process, *The School District of the City of Pontiac*, routinely conducts criminal background checks on volunteers/employees who interact with children in the school district. Our background checks are done through the Michigan State Police. The information gathered from this check may be used to deny individuals an opportunity to volunteer or work within the school district. We also reserve the right to restrict the activities of volunteers.

The School District of the City of Pontiac reaffirms its policy to ensure fair, and equal treatment in all its practices to all persons, regardless of race, religion, color, national origin, citizenship, age, gender, sexual orientation, marital status, parental status, disability, membership in any labor organization, political affiliation, height, weight, and record of arrest without conviction.

VOLUNTEER CONSENT FORM

I hereby authorize *The School District of the City of Pontiac* to conduct a criminal background check through the Michigan State Police. I understand that I am entitled to:

- Be informed of the information generated by the background check and to obtain a copy of the report from the School District of the City of Pontiac within six months of filing a request.
- Obtain from the Michigan State Police any record that forms the basis for the report.
- Be informed whether the School District of the City of Pontiac has denied my application because of the Criminal Justice Information Center's response to the background check.

I further understand that the information to be released is private and is controlled by the Michigan State Police.

If you have ever been convicted of any crime, please attach a description of the crime and the particulars of the conviction.

The background check will use the applicant's name, birth date, and driver's license number to retrieve criminal background information.

Signature:	Date:
Last Name:	First Name:
Address:	City:
State:	Zip:
Race:	Gender: Male _____ Female _____
Date of Birth:	Maiden Name:
Driver's License #:	Former Name:
Telephone Number:	Position Applied For:
School Building:	License Verified By (Please Sign)