



**EMPLOYEE / BOARD MEMBER/ COMMITTEE CHAIR AND  
VOLUNTEER CONSENT FORM TO  
CRIMINAL HISTORY BACKGROUND CHECK**

*In a continued effort to keep our children as safe as possible, we are requiring employees, board members, committee chairpersons and other volunteer parents and community members to apply for criminal history background checks provided by the Michigan State Police through their Internet Criminal History Access Tool, or ICHAT. The Volunteer Consent Form and any response will be kept confidential.*

*Thank you for your understanding and for all that you do for our Association. You need only submit one form per calendar year.*

**THIS FORM WILL BE KEPT CONFIDENTIAL**

Parent/Guardian     Grandparent     Other \_\_\_\_\_

PLEASE PRINT:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date/Month/Year of Birth: \_\_\_\_\_

MI Driver's License: \_\_\_\_\_

Other Last Name: \_\_\_\_\_ Other First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

I understand the Central Records Division of the Michigan State Police, Lansing, Michigan, requires the above information. I authorize the Down Syndrome Association of West Michigan to use the above information for the sole purpose of obtaining a conviction-only criminal history file search.

VOLUNTEER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PLEASE SUBMIT WITH A COPY, SCAN OR PHOTO OF YOUR DRIVER'S LICENSE.**