

PLEASE RETURN THIS COMPLETED FORM TO THE STEVENSON BAND ROOM (G-126)

As a prospective volunteer of the Utica Community Schools, I understand that it is the school district's policy to secure Conviction Criminal History information as part of their screening process using the information provided below:

PLEASE PRINT CLEARLY School Year (All requested information must be completed) 2023/2024

NAME:				
LAST (as shown on your license)		FIRST	Midd	lle Initial
Maiden Name/Names Previous	sly Used:			
Daytime Phone:	Other Phone:			
Birthdate:	Race: _		Gender:	
MICHIGAN Driver's License No:			_(State ID not accepted)	
School Name				
Student(s) Name:	Student(s) Grade:			
(List tead	ch / STEVENSON Heher, activity, specific fi mit 2 weeks prior to ac	eldtrip and date atte	ending)	<mark>:024</mark>
Be advised, if you have been	n convicted of a FELC	ONY, volunteer act	civity will be r	estricted.
Have you ever been convicted		Yes	No	
Are there any felony charges currently pending against you?			Yes	No
If yes, please explain the natur	e of conviction and da	te of conviction:		
I understand that the above info Michigan State Police in Lansir above information for the sole p	ıg, Michigan. İ authori	ze Utica Communit	y Schools to u	tilize the
Signature		Da	te	
			Updated	d 6/17/2023