

# RESPIRE VOLUNTEERS OF SHIAWASSEE

## CRIMINAL HISTORY CONSENT FORM

As a prospective volunteer or employee of Respite Volunteers of Shiawassee, I understand that it is this agency's policy to secure conviction criminal history information as part of their volunteer screening and pre-employment screening process using the information provided below.

NAME \_\_\_\_\_  
Last First Middle

LIST ALL NAMES PREVIOUSLY USED \_\_\_\_\_  
\_\_\_\_\_

BIRTHDATE \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

I UNDERSTAND THAT THE ABOVE INFORMATION IS REQUIRED BY THE CENTRAL RECORDS DIVISION OF THE MICHIGAN STATE POLICE, LANSING, MICHIGAN. I AUTHORIZE RESPIRE VOLUNTEERS OF SHIAWASSEE TO UTILIZE THE ABOVE INFORMATION FOR THE SOLE PURPOSE OF OBTAINING A CONVICTION ONLY CRIMINAL HISTORY FILE SEARCH.

\_\_\_\_\_  
Signature of prospective volunteer/employee

\_\_\_\_\_  
Date