



Kristine Griffor
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Elementary Instruction

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**THIS FORM MUST BE COMPLETE AND A COPY
OF LICENSE ATTACHED, OTHERWISE,
IT WILL NOT BE PROCESSED**

Dear Volunteer(s):

The Troy School District values those who volunteer in our classrooms and schools. You provide critical support that enhances the learning and success of our students, and we appreciate your desire to share your time and talents with our students.

The School Safety Initiative, signed into law, requires districts to obtain criminal history checks for all employees. The Troy School District also requires background checks for **all volunteers who drive on field trips; and those that work with students without the direct supervision and presence of a classroom teacher or TSD/ESR home school staff**, (this includes parents, grandparents, aunts, uncles, family members over the age of 14, TSD/ESR and PESG staff that are attending another school as a parent, and other community member volunteers). Once cleared by our Human Resource Department, you will be permitted to volunteer in this capacity at any level (Elementary, Middle or High School) for one school year.

All information you provide is treated confidentially and used only for the purpose stated above. To safeguard this information, return this form (**must be complete**) directly to the school office. It is imperative that you list ALL schools that your child(ren) attend. Also note that a parent signature is required for volunteers under the age of 18. **All fields on the form are required in the ICHAT system. (Also, you must attach a copy of your license, otherwise, we cannot process this request.)**

If you have any questions or concerns, please contact your building Principal or office staff.

Sincerely,

Kristine Griffor
Assistant Superintendent-Elementary Instruction

**Please do not tear off information
below - submit entire page when complete.**

VOLUNTEER BACKGROUND CHECK : "As a prospective volunteer of the Troy School District, I understand that it is the school district's procedure to secure Criminal Conviction History information as part of their screening process using the information provided below:"

PLEASE PRINT ALL INFORMATION (must be legible and complete)

Student name(s): _____

Building my child(ren) attend:

Elementary SCHOOL: _____ Middle SCHOOL: _____ High SCHOOL: _____

Parent/Volunteer Name: _____
(only one name per sheet) Last First Middle

Previous/Maiden Last Name(s): _____ Volunteer's Date of Birth: _____

Race: (Please circle one of the following: White, Black, Asian or Pacific Islander, American Indian or Alaskan Native, or Other) Male Female

Daytime Number: _____ Email Address: _____

Have you pled no contest to, or been convicted of, a misdemeanor/felony or are misdemeanor/felony charges currently pending against you?

YES NO If YES, please describe the nature of the offense(s) including dates: _____

Student Signature (if volunteer is under age 18): _____ Date: _____

Parent Signature: _____ Date: _____

***YOU MUST ATTACH A COPY OF YOUR LICENSE, OTHERWISE, WE CANNOT PROCESS THIS REQUEST.**

(2nd revision 9/16/15)