201 W Ash Street, Suite 2A. Mason, Michigan 48854 • Phone 517-676-2484

Background Investigations are valid from July-June.

Only one submission, per parent/guardian, is required and covers all MPS schools.

AUTHORIZATION FOR BACKGROUND INVESTIGATION

The undersigned has expressed an interest to volunteer/chaperone for Mason Public Schools and has willingly consented to the completion of a background investigation in accordance to Board Policy 4120.9. The undersigned has authorized Mason Public Schools and/or its agents, to request from Michigan State Police ICHAT, Offender Tracking Information System, and/or the Sex Offender Registry List of Michigan, any records or information which pertains to said background.

All background information obtained during the course of the investigation will be strictly confidential by Mason Public Schools and its agents. The information gathered will be used only for the expressed purpose given below and will be valid for the current school year only. The undersigned has the right to revoke the authorization at any time, provided their request is submitted in writing to both Mason Public Schools and its agents.

Finally, it is understood that active participation as a volunteer/chaperone/event worker is contingent upon successful completion of a background investigation.

I, _____ affirm that (check one):
Print First and Last Name of Volunteer/Chaperone/Event Worker

1. ☐ I **have not** been charged or convicted of, or pled guilty or nolo contendere (no contest) to any crimes.
2. ☐ I **have** been charged or convicted of, or pled guilty or nolo contendere (no contest) to the following crimes (use separate sheet to explain nature of conviction, date, and court):

_____

_____

This request does not authorize you to drive other students to school events.

Will you be chaperoning an overnight trip with students? ☐ **Yes** ☐ **No**

Home Address *City* *Zip*	*Volunteer/Chaperone/Event Worker DOB*
Driver's License ***(Attach copy of Driver's License)***	*School Building(s)*
School Event and Date	*First and Last Name of Student(s)*
Volunteer/Chaperone/Event Worker Signature *Date*	*Telephone Number*