

TROY

SCHOOL DISTRICT

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Richard Machesky, Ed.D.
Assistant Superintendent
Secondary Instruction

Dear Volunteers:

The Troy School District values the people who volunteer in our classrooms and schools. You provide critical support that enhances the learning and success of our students. The district appreciates your desire to share your time and talents with its students.

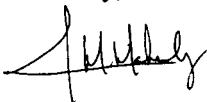
The School Safety Initiative, recently signed into law by the Michigan legislature, requires that local districts obtain fresh criminal history checks for all full-time and part-time employees before July 1st, 2008. As an added safety measure, the Troy School District has decided to also run background checks on volunteers who interact with students in certain circumstances. This would include all volunteers who drive students on field trips, as well as volunteers who will be placed in charge of supervising small groups of students without a school district staff member being readily accessible.

Please complete the information below, giving the Troy School District permission to conduct a background check. Once the background check has been completed by our Human Resource Department and you have been approved, you will be permitted to volunteer in this capacity at any level (elementary, middle or high school) for one school year. You must complete this form to volunteer in this capacity.

Please return the completed form to your building principal. **All information will be treated confidentially and will be used only for the purposes stated above.** To safeguard the information you are providing, please return this form (*entire page please*) directly to the school office. Please note that a parent signature is required for volunteers under the age of 18.

If you have any questions or concerns, please contact your building principal.

Sincerely,



Richard Machesky, Ed.D.
Assistant Superintendent-Secondary Instruction

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

VOLUNTEER BACKGROUND CHECK FORM (Please complete the information below for the parent volunteer)

Please Print SCHOOL: _____ Event _____ Event Date _____

Parent Name: _____
Last First Middle

Previous Last Name(s): _____

Race: _____ Sex: _____ Date of Birth: _____
(Race options: White, Black, Asian or Pacific Islander, American Indian or Alaskan Native, or Other)

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

Parent Signature: _____ Date: _____

Student Name _____ Student Room Number _____

**All items must be complete
Revised 8/26/2009*

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