

**WILLIAMSTON COMMUNITY SCHOOLS
VOLUNTEER BACKGROUND CHECK**
(This information will be used to perform a background check)
(Only fill out one form per family)

Full Legal Name _____

Last

First

Middle

Other/Maiden Name(s) _____

Date of Birth _____

Gender _____

Address _____ City _____

Phone (H) _____ (W) _____

School: Discovery Explorer Middle High
(please circle all that apply)

Signature _____ Date _____

*Board Policy says: All volunteers are required to submit to a Michigan State Police criminal record check.

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