



Michael G. Musary, Ed.S.
Superintendent of Schools

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2024-2025 “Student-Contact” School Volunteer Records Authorization Form

Pursuant to the Board of Education of Armada Area Schools’ Policy 4120.09, “Any volunteer who works with or has access to students shall be screened through the Sex Offenders Registry list and the Internet Criminal History Access Tool criminal history records check.”

In order to participate as a volunteer within Armada Area Schools for purposes including (but not limited to) classroom helper, field trip chaperone, or any volunteer parent position within the Armada Area Schools, you must submit to the aforementioned background checks. Please complete and return this form to your school office or mail to:

Armada Area Schools
Attn: Business Office
74500 Burk St.
Armada, MI 48005

Without the signed consent and results on-file in the district personnel office, you will not be permitted to serve as a “student contact” volunteer within Armada Area Schools. All information and records obtained from such inquiries and disclosures will be considered confidential and shall not be released or disseminated to those outside of the personnel office. However, pursuant to Policy 4121, “records involving misdemeanor convictions for sexual or physical abuse or any felony are not subject to these restrictions.”

**Please Note: You only need to fill out one form, even if you have more than one child.
Each volunteer needs to fill out a separate form.**

Please PRINT Volunteer information and include a copy of your driver’s license:

First Name: _____ **M.I.:** _____ **Last Name:** _____

Date of Birth: _____ **Age:** _____ **Gender:** M / F

City: _____ **County:** _____ **Zip:** _____

Race: White
Black
Asian or Pacific Islander
American Indian
Alaskan Native

Full Names of Child(ren) and/ grade level - 2024-2025 School Year:
Name: _____/Grade Level: _____
Name: _____/Grade Level: _____
Name: _____/Grade Level: _____
Name: _____/Grade Level: _____
(Additional names can be printed on back)
Or purpose for volunteering: _____

By signing below, you consent to the above mentioned background checks.

Signature Date: _____

Please note: A copy of your driver’s license must accompany this form.

This area to be used by personnel office only:
Approved: _____ **Not Approved:** _____ **Date:** _____ **Initials:** _____