



**EMPLOYEE / BOARD MEMBER/ COMMITTEE CHAIR AND  
VOLUNTEER CONSENT FORM TO  
CRIMINAL HISTORY BACKGROUND CHECK**

*In a continued effort to keep our members as safe as possible, we require employees, board members, committee chairpersons and other volunteer parents and community members to apply for criminal history background checks provided by the Michigan State Police through the Internet Criminal History Access Tool, or ICHAT. The Volunteer Consent Form and any response will be kept confidential.*

*Thank you for your understanding and for all that you do for our Association. You need only submit one form per calendar year.*

**THIS FORM WILL BE KEPT CONFIDENTIAL**

PLEASE PRINT:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth, Month (spell): \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Other  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

I understand the Central Records Division of the Michigan State Police, Lansing, Michigan, requires the above information. I authorize the Down Syndrome Association of West Michigan to use the above information for the sole purpose of obtaining a conviction-only criminal history file search.

VOLUNTEER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_