

## White Lake Township - Criminal History Background Check Agreement

DATE:

FROM:

FAX TO: Dena Potter - Administrative Assistant to the Supervisor  
(248) 698-3996

RE: **CRIMINAL HISTORY BACKGROUND CHECK**  
ADULT SUPERVISOR FOR SPECIAL NEEDS PROGRAM

Pursuant to Law Enforcement Network (LEIN) Policy Council Act of 1974 (the Act, 1974 PA 163; MCL 28.211 et seq), please provide a criminal history for the following:

FULL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
ALIAS NAME: \_\_\_\_\_ SEX (circle):    MALE    FEMALE  
MAIDEN NAME: \_\_\_\_\_

I, (*print name*) \_\_\_\_\_, agree to provide my criminal history to White Lake Township in relation to volunteer activity for the White Lake Township Special Needs program.

SIGNED BY:

\_\_\_\_\_  
*signature*

\_\_\_\_\_  
*legibly print name*

Date: \_\_\_\_\_, 20\_\_\_\_

NOTARIZED BY:

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
the individual who signed this document did so  
voluntarily in act and deed before me.

\_\_\_\_\_  
Notary Public for \_\_\_\_\_ County, MI  
My Commission Expires: \_\_\_\_\_.