



# Walled Lake Community Education

615 N. Pontiac Trail  
Walled Lake, MI 48390  
Phone: 248/956-5000  
Fax: 248/956-5005

**Jim Calhoun, CYSA**  
**Community Education Supervisor**

Dear Program Volunteer:

Under the guidance of the Michigan Revised School Code (Act 451 of 1976), it is the policy of Walled Lake Schools that all volunteer coaches be digitally fingerprinted; they are also required to complete the Criminal History Record Check/Fingerprint Release form, attached.

Also attached is a Livescan Fingerprint Request form. Please complete the "Applicant Information" section of the form, sign and date it, then take it with you to your fingerprint appointment. The "CJIS Information" section of the form will be completed as part of the fingerprinting process and returned to you. Upon completion of the process, **it is critical that the fully completed form be returned to the personnel department within two weeks** of the date you receive this letter. You may return the form either in person or via mail to the personnel department **at the address shown on the top of the Livescan form**. It is required that the district maintain the completed form. More importantly to you, should your fingerprint results not be received by the district, the information contained on the form may save you the cost of reprinting.

Fingerprinting services are available **by appointment only** at:

**Oakland Schools Summit Campus**  
**2214 Mall Drive East**  
**Waterford, MI 48328**

*(This was formerly a strip mall that housed Gander Mountain, Best Buy and Steve and Barry's.)*

To schedule an appointment at Oakland Schools, please visit [www.osfingerprint.com](http://www.osfingerprint.com). Note there is a **\$65.00 processing fee** payable at the time of your appointment. The fee may be paid via credit card or money order; **no personal checks or cash** will be accepted.

Alternately, IBT also offers fingerprinting services, and offers more locations and appointment times than does Oakland Schools. The fee for IBT's services is **\$65.25**. To schedule an appointment with IBT, please call 866.226.2952 or visit [www.ibtfingerprint.com](http://www.ibtfingerprint.com).

During the on-line registration process, you will be asked to supply an "Agency ID;" please use **"2056A."** The **fingerprint reason code is "CPV."**

If you have any further questions, please contact the personnel office at 248.956.2030.

Sincerely,

Jim Calhoun, CYSA  
Supervisor, Recreation and Enrichment

In compliance with Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990, it is the policy of the Walled Lake Consolidated School District that no person shall, on the basis of race, color, religion, national origin or ancestry, sex, age, disability, height, weight, political belief, military service or marital status, be excluded from participation in, be denied the benefits of, or be subjected to discrimination during any program or activity or in employment. For information, contact the District Compliance Officer Margaret Hazlett, Assistant Superintendent, Human Resources, 850 Ladd Rd., Bldg. D., Walled Lake, MI 48390, phone (248) 956-2023.

*We're making tomorrow!*

### LIVESCAN FINGERPRINT REQUEST-VOLUNTEER COACH

**Return completed form after fingerprint capture to\*:**  
**Walled Lake Schools, 850 Ladd Rd., Bldg. D, Walled Lake, MI 48390**  
**Phone: 248-956-2030; FAX: 248-956-2123**

<b>I. CJIS Information: Type or clearly print answers to all fields.</b>	
1. Date Printed	2. Picture ID Type Presented
3. TCN Number	4. Live Scan Operator
5. Requesting Agency ID 2056A	6. Agency Name WALLED LAKE SCHOOLS

<b>II. Applicant Information: Type or clearly print answers to all fields.</b>		
1a. First Name	1b. Middle Initial	1c. Last Name
2. Date of Birth	3. Race	4. Sex
5. Address		
6. City	7. State	8. ZIP Code
9. Position Applied For: <b>Walled Lake Community Education Volunteer Coach</b>		

<b>Fingerprint Reason</b>
Code:  <b>CPV-NCPAA/VCA/VOLUNTEER (PL 105-243) - for student teachers and volunteers</b>

I understand the personal information and fingerprints submitted by live scan are used to search against criminal identification records from both the Michigan State Police (MSP) and Federal Bureau of Investigation (FBI). I hereby authorize the release of any records to the person or agency listed above.

I further understand MSP and the FBI may also retain the submitted information and fingerprints as permitted by the Federal Privacy Act of 1974 (5 USC § 552a(b)) for routine uses beyond the principal purpose listed above. Routine uses include, but are not limited to, disclosures to: governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security, or public safety.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

28 CFR §16.34- Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

**\*DISCLAIMER: ALL FINGERPRINTS PROCESSED WITH INCORRECT FINGERPRINT CODES ARE THE RESPONSIBILITY OF THE REQUESTING AGENCY. MSP WILL CHARGE FOR SECOND REQUESTS DUE TO INCORRECT FINGERPRINT CODES. \*\***

**Walled Lake Consolidated Schools**  
 850 Ladd Rd., Bldg. D  
 Walled Lake, MI 48390  
 Phone: 248-956-2022 Fax: 248-956-2120

**Criminal History Record Check / Fingerprint Release Form**

**Applicant Information:** Type or clearly print to complete all fields.

First Name	Middle Initial	Last Name
Date of Birth	Race	Gender
Maiden or Previous Name(s) (if any) (1)	(2)	(3)
Position Applied For: <b>Walled Lake Community Education Volunteer Coach</b>		

**Pursuant to 1993 Public Act 68, I represent that:**

*(Note: Answering "yes" does not necessarily disqualify you for employment.)*

- I have not been convicted of or pled guilty or nolo contendere (no contest) to any crimes.
- I have been convicted of or pled guilty or nolo contendere (no contest) to the following crimes (use separate sheet to explain nature of conviction, date, and court):
- \_\_\_\_\_
  - \_\_\_\_\_

Michigan's Revised School Code requires school employees to undergo a criminal history record check. If you were fingerprinted after 01/01/2006 under the Michigan school employment reason code "SE," those results may be used only if you have remained continuously active as an employee of the educational institution that employed you at the time you were fingerprinted.

**To determine how to proceed, please answer the following questions:**

	Yes	No
1. Have you previously been fingerprinted for school employment purposes?		
2. Are these fingerprints results currently maintained at the school, ISD, company, or agency for which you were printed?		
3. Have you maintained "regular and continuous" employment with no break in service with said school, ISD, company, or agency since you were printed?		

**If you answered "no" to any of the above questions,** you must be fingerprinted as a condition of employment with Walled Lake Schools. It will be necessary for you to complete the Livescan Fingerprint Request form provided to you as part of that process. Until your print results are received, you are a conditional employee of the district.

**If you answered "yes" to all of the above questions,** please complete the Fingerprint Release part of this form, below.

**Fingerprint Release**

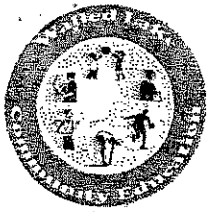
I authorize release of my criminal history records/fingerprint results to Walled Lake Consolidated Schools from the school district, ISD, company, or agency listed below:

Name & Address of Entity: \_\_\_\_\_

Phone # \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



Walled Lake Community Education

## Walled Lake Community Education

### Volunteer Coaching Form

(Please Print)

Coach Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (HM.) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email Address \_\_\_\_\_

Season:    Fall            Winter            \_\_\_\_\_ (year) (Please Circle)

Your Childs Name \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

I, \_\_\_\_\_ have received, read, and completed the Volunteer Coaching Form, Volunteer Coaching Guidelines, and the Criminal History/Reference Form. All of the information I have provided is true to the best of my knowledge. I understand that it is my responsibility to inform WLCE of any changes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The Following is for WLCE Office use only. Please do not mark in this box.

\_\_\_\_\_ Attended Coaches meeting on \_\_\_\_\_ and \_\_\_\_\_.

\_\_\_\_\_ Returned Completed Coaches Form

\_\_\_\_\_ Returned Completed Criminal Conviction History Form

\_\_\_\_\_ Returned a copy of Fingerprint receipt or Fingerprint Release