

**WARREN CONSOLIDATED SCHOOLS HUMAN RESOURCES DEPARTMENT
BACKGROUND CHECK AUTHORIZATION FORM**

It is the policy of Warren Consolidated Schools to secure criminal conviction history information as mandated by Michigan state laws for **public school employees and volunteers**. **One form per year is required per volunteer.**

Background check forms must be submitted **two weeks prior to volunteering**. Volunteer coaches must complete Parts I and II only.

PART I – PLEASE PRINT:

Name: _____
Last First M.I.

Maiden Name/Names previously used: _____

Date of Birth: _____ Gender: _____ Race: White Black Asian/Pacific Islander
 American Indian/Alaskan Native Unknown/Other

Driver's License #: _____ State Issued: _____

Phone Number: _____ / _____
Home Cell

Address: _____ City, State, Zip: _____

PART II (volunteer coaches only) - PLEASE PRINT

I am volunteering for the following sports: _____ Level: _____

School where volunteering will take place: _____

I am volunteering in the following seasons: Fall Winter Spring

PART III (not applicable to volunteer coaches) – PLEASE PRINT

Name of School where volunteering will take place: _____

Date of Event /Trip (if ongoing, list beginning and end dates): _____

Student Name: _____ Teacher: _____

Please list all other children and the schools they attend.

Student Name	Building
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

YOU MUST ATTACH A PHOTO COPY OF YOUR DRIVER'S LICENSE OR STATE ID CARD.

I understand that as a volunteer for Warren Consolidated Schools, I will receive no remuneration whatsoever on behalf of the school district for my volunteered time. Furthermore, I am aware that I must follow all of the rules, regulations, and procedures of the District and that I may be required to view online videos pertaining to these rules and regulations.

I have viewed the following online videos as required by the District (see the GCN Training Instruction Sheet):


- Concussion In Schools FERPA Bloodborne Pathogens Sexual Harassment
(All volunteers) (All volunteers) (Coaches only) (Coaches only)
- I have previously viewed the online videos that are listed above.

I understand that the above information is required by the Central Records division of the Michigan State Police, Lansing, Michigan. I authorize Warren Consolidated Schools to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search.

Signature of Applicant

Date


Please be sure to have your speakers turned on.
TYPE **www.gcntraining.com** into your browser's address bar and **Press Enter**

CLICKING  will take you to the **PRE-LOGIN CHECKLIST**
(ROLLOVER [why?](#) next to the icon to learn what the icons mean).

If you have **not** created an account with GCN,
select: *I have NOT yet created an account*
Press Next >>


If you have already created an account with GCN,
select: *I already have an account*
Press Next >>

Enter your Organization ID:




Press Submit

Enter your Preferred Personal ID



Press Submit

Enter your Personal ID



Press Submit


Complete the Personal Information.
(* indicates Required Fields)
Press Submit

If you've forgotten your PID,
Press [I Don't Know My Personal ID](#)

The Welcome Page

Bloodborne Pathogens


0% Completed

[details](#) 

The tutorials available to you are listed to the left.
Choose a tutorial by pressing **VIEW**

Verify your information. Press  or  (if available)

The tutorial will begin with an Instructions slide that will explain the many buttons on this page.

Once the  Next button appears you may move on to the next slide.

After you complete a tutorial, return to the **Main Menu** to Print your Certificate of Completion*
*SAVE SOME PAPER -- Wait until you complete the last of your tutorials before printing your Certificate. They're all printed on a single page.