



**Pansophia  
ACADEMY**

52 Abbott Ave.  
Coldwater, MI. 49036  
Phone: 517-279-4686  
Fax: 517-279-0089

*Volunteer Form*

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Male/Female \_\_\_\_\_

Street Address \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Are you Parent/Guardian/Other: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Other last names used: \_\_\_\_\_ First names used: \_\_\_\_\_

Please check one:

\_\_\_ 1. I have not been convicted of, or pled guilty or no contest to any crimes.

\_\_\_ 2. I have been convicted of or pled guilty or no contest to the following crimes.

I understand and agree that Pansophia Academy will be requesting a criminal history background check on my behalf from the Internet History Access Tool (iCHAT)

X \_\_\_\_\_ Date \_\_\_\_\_