

**VOLUNTEER BACKGROUND CHECK
Acknowledgment Form**

Nonemployment Background Checks Only

Sport/Position Volunteering/Coaching for _____ **Date(s):** _____

In order to ensure the protection of children in the care of Imlay City Schools District, school policy requires, prior to any and all persons providing a volunteer service at the school or for any function conducted by the school; all potential volunteers complete a State of Michigan ICHAT background check. Any applicant declining to complete a "Volunteer Background Check" acknowledgment form will not be considered.

POTENTIAL VOLUNTEER INFORMATION

Full Printed Name: _____

Maiden name or other name(s) previously used: _____

DOB: _____ Sex: _____ Eye Color: _____ Hair Color: _____ Height: _____
[mm/dd/yyyy]

Address: _____
Street Address City State Zip Code

Home Phone _____ Cell Phone: _____ Years at address: _____

Email address: _____

Place of employment: _____ Work phone: _____

HISTORY INFORMATION

1) Have you volunteered at Imlay City Schools before? Yes No

2) Do you have any children that attend Imlay City Schools? Yes No

If yes, what are their names and grades? _____

3) Have you ever pled guilty, or been convicted of a felony in a state or federal court?

Yes No

Date and state offense/conviction occurred: _____

If yes, provide a detailed description of the conviction: _____

(History Information continued)

4) Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court?

Yes No

Date and state offense/misdemeanor occurred: _____

If yes, provide a detailed description of the conviction: _____

5) Are you the subject of a current criminal investigation or have pending charges against you?

Yes No

Date and state the investigation is ongoing: _____

If yes, provide a detailed description of the investigation or pending charges: _____

Imlay City Schools reserves the right to “approve” or “deny” any volunteer service upon review of the background check returned. Based on the ICHAT report returned, you could also be asked to have a LiveScan fingerprint background check done at your expense. The determination will be based upon the individual’s fitness to have responsibility for the safety and well-being of children. Providing false information, or information contradicting to the background check information, is grounds for immediate volunteer denial.

By affixing your signature to this form you acknowledge your statements are to be true and give full consent to complete the requested background check.

You must bring your Driver License or Birth Certificate along with this application for processing.

Signature: _____ Date: _____

OFFICE USE ONLY

Approved Denied Date Approved/Denied _____ Determining Staff Member _____