

VOLUNTEER BACKGROUND CHECK

Acknowledgment Form

Nonemployment Background Checks Only

Service to provide: _____ Date(s) to Provide Service: _____

School Service Provided At: _____
(Indicate Sch/Event/Prog and Teacher)

In order to ensure the protection of children in the care of St. Johns Public School 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. **The background check is a name check only, through the State of Michigan ICHAT system, and is based on individual identifiers.** 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: _____ Gender: _____ Eye Color: _____ Hair Color: _____ Height: _____
[mm/dd/yyyy]
RACE: _____ Email address: _____

HISTORY INFORMATION

1) Have you volunteered at St. Johns Public School District this school year? Yes No
2) 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: _____

3) 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: _____

4) 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: _____

St. Johns Public School District

St. Johns Public School District reserves the right to “approve” or “deny” any volunteer service upon review of the background check returned. The determination will be based upon the individual’s fitness to have responsibility for the safety and wellbeing of children. **Providing false information, or information contradicting to the background check information, is grounds for immediate volunteer denial.**

This form will be active for the entire school year. We will run this background check each trimester that you serve as a volunteer for the district. 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.

Please return completed form to your student’s school building or the District’s administration office no later than 7 calendar days before the scheduled field trip, event, or program. Volunteer Background Check forms received with less than 7 calendar days before the scheduled field trip/event/program **will not be processed**, and you will not be allowed to volunteer. **You must also provide a copy of your driver’s license at the time this form is submitted as proof of identification.**

Signature: _____

Date Signed: _____

Questions or concerns, please contact Chelsea Peterson at 989-227-4002, petersonc@sjredwings.org.

OFFICE USE ONLY

Approved Denied Approved/Denied Date: _____ Determining Staff Member: _____