

New Lothrop Area Public Schools



Volunteer Background Check

All Information must be filled in

Acknowledgement Form

Non-employment background checks only

2018-2019 School Year

Service to provide: _____ Date to Provide Service: _____

Name of Classroom Teacher(s): _____

Student's Name(s): _____

Relationship to Student: _____

In order to ensure the protection of children in the care of New Lothrop Area Public Schools, school policy requires, prior to any and all persons providing a volunteer service at the school or any function conducted by the school; all potential volunteers complete a State of Michigan 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 HISTORY INFORMATION – Please check the appropriate response

Full Printed Name: _____

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

DOB: _____ Sex: ____ Race: ____ Height: ____ Driver's License Number _____
(mm/dd/yyyy) **(Please attach a copy of your license)**

- 1) Have you ever volunteered for New Lothrop Area Public Schools? 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 on 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/conviction occurred: _____
If yes, provide a detailed description on the misdemeanor:

- 4) Are you a subject of a current criminal investigation or have pending charges against you? Yes ___ No ___
Date and state of investigation is ongoing: _____
If yes, provide a detailed description of the investigation or pending charges:

New Lothrop Area Public Schools reserves the right to approve or deny any volunteer service upon review of the background check returned through ICHAT. The determinations will be based upon the individuals' fitness to have responsibility for the safety and wellbeing of students of New Lothrop Area Public Schools. Providing false information, or information contradicting 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 a name based background check through ICHAT.

Signature: _____

Date Signed: _____

Please complete and return to the classroom teacher for whom you are volunteering for.

Form recreated from the Michigan State Police website: www.michigan.gov/cjicats Revised 1/28/15

Reference policy 4120.09 (rev 9/17/07)