

# New Lothrop Area Public Schools



## Volunteer Background Check

All Information must be filled in

Acknowledgement Form

\*Non-employment background checks only\*

2019-2020 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](http://www.michigan.gov/cjicats) Revised 1/28/15

Reference policy 4120.09 (rev 9/17/07)