

VOLUNTEER BACKGROUND CHECK
Acknowledgment Form

Non-employment Background Checks Only

Service to provide: _____ Date to Provide Service: _____

In order to ensure the protection of children in the care of [Agency Name], 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 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: _____ Sex: _____ Eye Color: _____ Hair Color: _____ Height: _____
[mm/dd/yyyy]

HISTORY INFORMATION

1) Have you volunteered at [Agency Name] before? ☐ 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: _____

[Agency Name]

Rev. [Date]

[Agency Name] reserves the right to “approve” or “deny” any volunteer service upon review of the background check returned through ICHAT. 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 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 return completed form to [Agency Name & Contact Info]. Questions or concerns, please contact [Contact Personnel & Method of Preferred Contact].

OFFICE USE ONLY

Approved ☐ Denied ☐ Date Approved/Denied [mm/dd/yy] Determining Staff Member [Initials]