

**VOLUNTEER BACKGROUND CHECK**  
**Acknowledgement Form – Nonemployment Background Check**

**For School Volunteers:**

Name of Event \_\_\_\_\_ Dates(s) \_\_\_\_\_

**For Sports Programs:**

Sport Name and Position \_\_\_\_\_ Dates(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.

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.

**POTENTIAL VOLUNTEER INFORMATION**

Full Legal Name: \_\_\_\_\_ Other names previously used: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Race: \_\_\_\_\_ Gender \_\_\_\_\_ Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ email: \_\_\_\_\_

Place of employment: \_\_\_\_\_ work phone: \_\_\_\_\_

**HISTORY INFORMATION** Please answer the following questions.

1. Have you volunteered at Imlay City Schools before?  Yes  No
2. Do you have any children/grandchildren that attend Imlay City Schools?  Yes  No
3. Have you ever pled guilty or been convicted of a felony in a state or federal court?  Yes  No  
If yes, give description of the conviction: \_\_\_\_\_
4. Have you ever pled guilty or been convicted of a misdemeanor in a state or federal court?  Yes  No  
If yes, give description of the conviction: \_\_\_\_\_
5. Are you the subject of a current criminal investigation or have pending charges against you?  Yes  No  
Please explain: \_\_\_\_\_

You must bring your Driver License, State ID, or Birth Certificate along with this application for processing. By signing below, you acknowledge your statements are to be true and give full consent to complete the requested background check.

\_\_\_\_\_  
Signature of Applicant Date: \_\_\_\_\_

**OFFICE USE ONLY**

Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	Determining Staff Member: _____
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