

**VOLUNTEER BACKGROUND CHECK
Acknowledgment Form**

Nonemployment Background Checks Only

Service to provide: _____ Date to Provide Service: _____
School Service Provided At: _____

In order to ensure the protection of children in the care of Harbor Springs 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: _____ (MM/DD/YY)	Race: _____	Sex: _____	
Eye Color: _____	Hair Color: _____	Height: _____	

HISTORY INFORMATION

1) Have you volunteered at Harbor Springs Public School district before? <input type="checkbox"/> Yes <input type="checkbox"/> No
2) Have you ever pled guilty, or been convicted of a felony in a state or federal court? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Date and state the investigation is ongoing: _____ If yes, provide a detailed description of the investigation or pending charges: _____

Harbor Springs 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.

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 Central Office no later than 7 calendar days prior to the scheduled field trip, event or program, etc. in which you are volunteering to help. Volunteer Background Check forms received less than 7 calendar days 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: _____

Please return completed form to your students school or the Central Office. Questions or concerns, please contact Denise Knight at 231-526-4542 or dknight@harborps.org.

OFFICE USE ONLY

Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date Approved/Denied _____ Determining Staff Member _____
