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 Grosse Pointe Public School System, 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]

Race:_____ Driver's License _____

HISTORY INFORMATION

Have you volunteered at Grosse Pointe Public School System before? ☐ Yes ☐ No

    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: _____

_____

    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: _____

_____

    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: _____

_____

Grosse Pointe Public School System 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 _____

Questions or concerns, please contact the Department of Human Resources.

Student's Name_____

Teacher's Name_____

OFFICE USE ONLY

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