

**VOLUNTEER BACKGROUND CHECK
Acknowledgment Form**

Nonemployment Background Checks Only

Service to provide: _____ Date to Provide Service: _____

In order to ensure the protection of children in the care of Springport Public Schools, 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.

POTENTIAL VOLUNTEER INFORMATION

Full Printed Name: _____

Maiden name or other name(s) previously used: _____

DOB: _____
(mm/dd/yyyy)

**Please include a copy of your valid state ID, Drivers License or passport
for your demographics**

HISTORY INFORMATION

1) Have you volunteered at Springport Schools 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: _____

Springport Public Schools reserve 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.

1st Semester

Signature: _____
Date Signed: _____

2nd Semester

Signature: _____
Date Signed: _____

Please return completed form along with a photocopy of your valid state ID, Drivers License or passport to Springport Public Schools Central Office Administration.

****PLEASE NOTE, VALIDATION OF FULL NAME AND BIRTH DATE BY CENTRAL OFFICE NEEDED FOR APPROVAL****

1st Semester

OFFICE USE ONLY

Approved Denied Date Approved/Denied _____ Determining Staff Member _____

2nd Semester

OFFICE USE ONLY

Approved Denied Date Approved/Denied _____ Determining Staff Member _____