

You MUST present PICTURE ID when returning this form to any building office.

VOLUNTEER BACKGROUND CHECK

2018 - 2019 SCHOOL YEAR ONLY

For the protection of children in the care of Lake Fenton Community Schools, potential volunteers are required to give permission to the school to conduct a background check through the Michigan State Police Internet Criminal History Access Tool (ICHAT.) The background check is a name check only and is based on individual identifiers. Any applicant declining authorization for the check to be conducted, will NOT be considered for volunteer purposes.

Lake Fenton Community Schools reserves the right to "approve" or "deny" any volunteer application upon review of the ICHAT information. Providing false information or information contradicting to the background check information is grounds for immediate volunteer denial. There are times when information received from the ICHAT requires that you meet with the superintendent before a final decision is made. Please provide a phone number below for contacting you to set up an appointment or in most cases, to verify your handwriting.

STEP 1: Have you already submitted this form for another student in Lake Fenton Schools for THIS school year?

If yes, **STOP!** You do not need to complete this form.

Please contact any building office to make sure you are on the approved list.

If no, complete STEPS 2 - 6.

STEP 2: What is the volunteering activity for which you will be participating? _____

STEP 3: Fill in all areas by PRINTING legibly/circling the best choice. This is YOUR information, not your student's. Incomplete forms will not be processed.

FIRST NAME: _____

PHONE NUMBER: _____

MIDDLE NAME: _____

DATE OF BIRTH
(xx/xx/xxxx): _____

LAST NAME: _____

SUFFIX: _____

GENDER (circle one): MALE FEMALE

RACE (circle one):	WHITE	HISPANIC OR LATINO	BLACK OR AFRICAN AMERICAN
	ASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
	UNKNOWN/OTHER		

STEP 4: List the name and grade of Lake Fenton students.

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

STEP 5: By affixing your signature to this form, you acknowledge your information to be true and you give Lake Fenton Community Schools full consent to complete the requested background check. You must return this form along with picture identification to any building office for verification.

Applicant's Signature _____

Today's Date _____

Applicant's Driver's License/State ID Number _____

State of Issuance _____

STEP 6: Office Verification-please return the form with picture ID to any building office.

LFCS Staff Signature (please write legibly) _____

Building _____

Today's Date _____