

# Coleman Community Schools

4823 N. Coleman Schools Drive

Coleman, Michigan 48618 • (989) 465-6060

\*Non Employment/Volunteer Background Checks Only\*

**MUST ATTACH PHOTO ID FOR VERIFICATION**

Service to provide: \_\_\_\_\_ Date to Provide Service: \_\_\_\_\_

In order to ensure the protection of children in the care of Coleman Community 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:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Eye Color:** \_\_\_\_\_ **Race:** \_\_\_\_\_  
MM/DD/YYYY

## HISTORY INFORMATION

1) 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: \_\_\_\_\_

2) 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: \_\_\_\_\_

3) 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: \_\_\_\_\_

Coleman Community Schools 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.

**Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_ **Phone Number for Questions:** \_\_\_\_\_

Please return completed form to Coleman Community Schools Board of Education Office. Questions or concerns, please contact Kerry Berthume at 989-465-6060.

OFFICE USE ONLY

Approved ☐ Denied ☐ Date Approved/Denied \_\_\_\_\_ Determining Staff Member \_\_\_\_\_