



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 Holly Area 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 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. **This application must be approved to participate in ALL volunteer activities, which include but are not limited to classroom parties and field trips.**

POTENTIAL VOLUNTEER INFORMATION

Full Printed Name: _____

Address: _____

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

DOB: _____ Sex: _____ Eye Color: _____ Hair Color: _____ Height: _____

HISTORY INFORMATION

1) Have you volunteered at Holly Area 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: _____

Holly Area 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: _____ |

***A Driver’s License/State ID or Passport must accompany this form**

Please return completed form to your students school office or to:

Holly Area Schools, Human Resources Department

920 Baird Street, Holly MI 48442

Questions or concerns, please contact Beth Crimmins at 248.328.3141.

| <u>Name of Student(s)</u> | <u>Grade</u> | <u>School</u> | <u>Relationship to Student</u> |
|---------------------------|--------------|---------------|--------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Approved applications are valid for the current school year only.

Applicants must apply for approval annually

OFFICE USE ONLY

Approved Denied Date Approved/Denied ___/___/___ Determining Staff Member ___(initials)