

VOLUNTEER BACKGROUND CHECK
Acknowledgment Form

Non Employment Background Checks Only

Service to provide: Volunteer Date to Provide Service: _____

In order to ensure the protection of children in the care of Jonesville 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 (fingerprint or State of Michigan ICHAT) background check. If ICHAT, 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 (First, Middle & Last): _____

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

DOB _____ Sex _____ Eye Color _____ Hair Color _____ Height _____
[mm/dd/yyyy]

Race: (circle one) **White, Black, Asian or Pacific Islander, American Indian or Alaskan Native, Other**

HISTORY INFORMATION

1) Have you volunteered at Jonesville Community 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: _____

Jonesville 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 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:

Please return completed form to Jonesville Community Schools Administration, 115 East Street, Jonesville. Questions or concerns, please contact; Cathy Warner, Administrative Assistant 517-849-9075.

OFFICE USE ONLY

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