

Elkton-Pigeon-Bay Port Laker Schools
VOLUNTEER BACKGROUND CHECK
Acknowledgment Form

Nonemployment Background Checks Only ***Form must be returned two weeks prior to date to provide service***

Service to provide: _____ **Date to Provide Service:** _____

Student Name: _____ **Teacher (Elementary Only):** _____

School (Please Check): **Elementary** _____ Middle School _____ High School _____

In order to ensure the protection of children in the care of Elkton-Pigeon-Bay Port Laker 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: _____

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

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

Phone Number: _____

HISTORY INFORMATION

1) Have you volunteered at Elkton-Pigeon-Bay Port Laker Schools before? Yes No

2) Have you ever pled guilty, or been convicted of a felony in a 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 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: _____

Elkton-Pigeon-Bay Port Laker 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: _____

Please return completed form to Elkton-Pigeon-Bay Port Laker Schools attention: Mike Klosowski, Chief Financial Officer. Questions or concerns, please contact Michael Klosowski, Chief Financial Officer. Phone 989 453 4602.

OFFICE USE ONLY

Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Date Approved/Denied	Determining Staff Member
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