



25345 Taft Road, Novi, Michigan 48374
(248) 449-1200 • Fax (248) 449-1219

Dear Parents/Guardians:

The Novi Community School District values the continuous support of our parent/guardian community. While we welcome parent/guardian volunteers, it is important that we follow Board policy specific to volunteers which states, "...every individual volunteer is required to undergo a criminal background check through the Michigan State Police Internet Criminal History Access Tool (ICHAT) before s/he is permitted to volunteer...". The District will also use the National Sex Offender Public Website (NSOPW) when completing a background check. It is with sincere gratitude and appreciation that we welcome the support of volunteers, however, we must ensure the safety and security of our students and staff at each building by following Board policy.

By completing the ***Volunteer Background Check Authorization Form***, I agree to abide by all Board policies and District guidelines while on duty as a volunteer. This includes, but is not limited to, following the sign-in procedures established at each building, wearing proper identification while volunteering, maintaining confidentiality of each student, reporting all behavior concerns to the lead teacher and/or building principal, refraining from disciplining or touching students in a corrective manner, and wearing appropriate attire for a business atmosphere.

I agree that should I become ill or suffer an accident while doing volunteer work for the District, I shall be responsible for any and all hospital and medical charges that may accrue. I understand that I am not covered by the District's health insurance policy nor am I eligible for workers' compensation.

I also understand that I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

If you desire to serve as a volunteer with the Novi Community School District, you are required to complete the ***Volunteer Background Check Authorization Form***. The authorization form may be turned in at the main office of your child's school or sent directly to:

Novi Community School District, Educational Services Building
Attention: Human Resources
25345 Taft Road
Novi, MI 48374

This process must be done prior to volunteering and on an annual basis (each school year) to ensure the safety and security of all of our students and staff district wide.

Novi Community School District

Volunteer Background Check Authorization Form

Non-employment background checks only

As a prospective volunteer of the Novi Community School District, I understand that it is the school district's policy to secure criminal history information using the National Sex Offender Public Website (NSOPW) and the Internet Criminal History Access Tool (ICHAT) as part of its volunteer screening process. I understand that the information below is required to process the criminal history background check and I authorize the Novi Community School District to utilize the information for that purpose. A new form must be completed each school year.

PLEASE PRINT LEGIBLY

Volunteer Name: _____
First Middle Initial Last

Previous/Additional Names: _____

Race: American Indian/Alaskan Native Asian/Pacific Islander Black White Other /Unknown
(These are ICHAT System options - please indicate your best choice)

Date of Birth: _____ Gender: Male Female Eye Color: _____ Height: _____

1. Have you ever pled guilty or been convicted of a felony in a state or federal court? Yes No
If yes, list date, city and state offense/felony occurred: _____
Detailed description of the offense/felony: _____
2. Have you ever pled guilty or been convicted of a misdemeanor in a state or federal court? Yes No
If yes, list date, city and state offense/misdemeanor occurred: _____
Detailed description of the offense/misdemeanor: _____
3. Do you have any charges pending against you or are you the subject of a current criminal investigation? Yes No If yes, list date, city and state of the charge(s): _____
Provide a detailed description of the charge(s) or investigation: _____

Please circle all schools that you have children attending: **Pre-S DF NW OH PV VO NM5 NM6 MS HS**

Child Name(s) _____

The Novi Community School District reserves the right to approve or deny any volunteer service upon review of the background check returned through NSOPW and/or ICHAT. The determination will be based upon the individual's fitness to have responsibility for the safety and well-being of children. Providing false information, or information contradicting the background check information, is grounds for immediate volunteer denial.

By signing this form you declare your statements herein are true and give full consent to the Novi Community School District to complete a background check through NSOPW and ICHAT.

Signature Date Phone number

Volunteer will be working with _____
(name of Novi Community School District staff member/activity leader or name of the student activity)

OFFICE USE ONLY

Building/Department: _____ School Year: _____

Approved Denied Date _____ Initials: _____