



**Criminal Record Check & History Affidavit
Volunteer Services**

Please note: The signed affidavit must be turned in to the school office at least 7 days prior to the volunteer event date.

Please print clearly

Name: _____ Date of Birth: _____
First Middle Last

Other/Former Names: _____ Male Female

Race (circle best option): American Indian/Alaskan Native, Asian or Pacific Islander, Black, White, Choose not to disclose

Driver's License Number: _____ Phone Number: _____

Address: _____
Street City/State/Zip

Volunteer Assignment: _____ Date of Event: _____ Building: _____

Otsego Public Schools requires all volunteers to have a Michigan State Police Internet Criminal History Access Tool (I-CHAT) screening every two years. All results will remain confidential and will only be used by OPS administration to determine if you have been convicted of an offense that would otherwise prohibit you from volunteering with our District. Incidents up to 20 years ago will print on the report. To avoid delays in processing, be certain to list all offenses at this time.

I HAVE NOT been convicted of or pled guilty or no contest to any crimes (misdemeanors or felonies)

I HAVE been convicted of or pled guilty or no contest to misdemeanors or felonies

I have PENDING charges against me

List any misdemeanors or felonies you have been convicted of, pled guilty or no contest to:

List any pending charges against you:

Have you ever been convicted of any of the following crimes:

Criminal sexual conduct in any degree, assault with intent to commit sexual conduct in any degree, felonious assault on a child, child abuse in any degree, attempt to commit child abuse in any degree, cruelty, torture or indecent exposure involving a child?

Yes No

Have you ever been convicted of delivering or distributing controlled substances to a minor or to a student on or within 500 feet of school property or of possessing controlled substances on school property in violation of section 7410 of the public health code?

Yes No

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Authorization and Release

I understand and agree that:

Otsego Public Schools will conduct a criminal background check against my records using the MI State Police ICHAT

I will abide by all Board policies and administrative guidelines while on duty for the Otsego Public Schools District, including the Tobacco- Free Schools Act prohibiting the use of tobacco products at all times in all buildings and grounds.

As a volunteer I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I understand that, although I am covered under the Districts liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers compensation. Should I become ill or suffer an accident while volunteering, I agree that I shall be responsible for any and all hospital and medical charges that may occur.

Transportation for field trips and extracurricular activities are sometimes provided by volunteers in private cars. The District provides liability coverage for employees but no insurance or liability coverage for the ownership, maintenance, operational expenses or any injury or damages to people or property that may occur in any manner from the use of non-school vehicles. Drivers under the age of 18 cannot serve as volunteer drivers for school related functions.

Michigan law prohibits a school district from employing or allowing to serve as a volunteer, in any capacity, a person convicted of a listed offense. Listed offenses, as well as other information on this legislation, may be found on the Michigan government website: www.michigan.gov . In addition, the law further requires school districts to dismiss any employee or volunteer who is listed on the sex offenders' registry. If you have been convicted of a felony other than a listed offense or an offense which requires your name to be listed on the sex offenders' registry, you will be immediately dismissed.

I release the Otsego Public Schools District, its Board of Education, individual Board of Education Members, employees and agents, and the entities to which criminal history record information is release, to the maximum extent permitted by law. Also from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

Signature of Volunteer: _____ Date: _____

Signature of District Witness: _____ Date: _____

For questions regarding this form, please call 269-694-7909.

For office use only:

ICCHAT completed on: _____ by: _____

Criminal Record Located: Yes No

Added to volunteer list: Yes No