

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 Portland Public 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 ICHAT background check. **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 (*PLEASE PRINT LEGIBLY*)

Full Printed Name: _____
First *Middle* *Last*

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

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

HISTORY INFORMATION

- 1) Have you volunteered at Portland Public 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: _____

Portland Public 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: _____

Phone: _____

By checking here, I authorized Portland Public Schools to run additional background checks for future volunteer opportunities throughout the 2023-2024 school year.

You must present this completed form, along with your driver’s license, *in person* to the building secretary for verification. As an alternative, you may email a scanned copy of this form, along with a copy of your driver’s license, to dgraef@portlandk12.org. Questions or concerns, please contact Diana Graef at 517-647-4161.

OFFICE USE ONLY

Building Administrator: _____

Volunteer Identifiers Verified By: _____ Date: _____

Approved Denied Date Approved/Denied _____ Determining Staff Member _____