

VOLUNTEER BACKGROUND CHECK (Non-employment Background Check)

In order to ensure the protection of children in the care of Billings 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 Montana background check. The background check is a name check only, through the State of Montana CHOPRS system, and is based on individual identifiers. Any applicant declining to complete a "Volunteer Background Check" acknowledgement form will not be considered. Volunteers shall be continually supervised by Billings Public School employees and shall not be unsupervised at any time while volunteering with students unless the volunteer submits results of a background check through the Montana State Police CRISS system.

POTENTIAL VOLUNTEER INFORMATION

Last Name _____	First Name _____	Middle _____
Maiden Name or other names previously used _____	Date of Birth _____	SSN _____
Student's name _____	School Building _____	
Volunteer Event _____	Date of Event _____	

1- Have you volunteered at Billings 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 of 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 of offense/conviction 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 offense/misdemeanor occurred: _____		
If yes, provide a detailed description of the conviction: _____		

Billings Public Schools reserves the right to "approve" or "deny" any volunteer service upon review of the background check returned through CHORPS. 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. Contact Human Resources at humanresources@billingschools.org with questions or concerns.

By affixing your signature to this form you acknowledge your statements are to be true and give full consent to complete a name based background check through CHOPRS. You also agree to contact the Billings Public Schools Human Resources Office of any future criminal investigation or pending charges against you after the date of this form. You also release the Billings Public Schools of any obligation should you become ill or receive an injury as a result of your volunteer services. refs44-5-103(3), MCA. Title 44, Chapter 5, Part 3, MCA

Address _____ Phone _____

Signature _____ Date _____

This form, along with the background check, is acknowledged for TWO YEARS. Record of this waiver and the background report will be kept in a confidential file in the personnel office for the life of the report.