

VOLUNTEER BACKGROUND CHECK ACKNOWLEDGMENT FORM
MANDATORY PHOTO ID WITH DATE OF BIRTH REQUIRED

The Board of Education recognizes that certain programs and activities can be enhanced through the use of volunteers who have particular knowledge or skills that will be helpful to members of the support staff responsible for conducting those programs and activities. The District greatly appreciates your time and effort in assisting with the operation of the schools.

In order to ensure the protection of children in the care of Gaylord Community 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 background check. 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.

Full Name: _____		
First	Middle	Last
Address: _____		
Maiden name or other name(s) previously used: _____		
DOB: _____ mm/dd/yyyy	Male: <input type="checkbox"/>	Female: <input type="checkbox"/> Home Phone: _____
Race: Black/African American <input type="checkbox"/>	White <input type="checkbox"/>	American Indian/Alaska Native <input type="checkbox"/> Other <input type="checkbox"/>
Building: _____	Administrator/Teacher/Coach Name: _____	Volunteer Date(s): _____

Have you ever pled guilty, or been convicted of a **felony** in a state or federal court? ▶ Yes ___ No ___

Offense	Date of Conviction	State and Court
Offense	Date of Conviction	State and Court

Have you ever pled guilty, or been convicted of a **misdemeanor** in a state or federal court? ▶ Yes ___ No ___

Offense	Date of Conviction	State and Court
Offense	Date of Conviction	State and Court

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: _____

Gaylord Community Schools reserve the right to "approve" or "deny" any volunteer service upon review of the background check returned through ICHAT. 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.

In signing this form, I understand and agree that:

I have offered my services as a volunteer to help the School District. I agree to abide by all relevant Board policies and administrative guidelines while volunteering for the District. I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for worker's compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue. I understand further that, as a volunteer, 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.

AND

If I have been convicted of a felony or a "listed offense" under the Michigan Sexual Offenders Registration Act, I will not be allowed to volunteer for the District.

AND

Until the criminal history report is received and reviewed by the District, I will not be eligible to volunteer for the District. If the criminal history/record report identifies a conviction(s) not previously disclosed above, my volunteer status may be denied or terminated at the District's option.

AND

I acknowledge my statements are to be true and give full consent to complete a name based background check through ICHAT. **Please return to your child's school.**

Signature: _____ Date Signed: _____