



VOLUNTEER SERVICE

CRIMINAL RECORDS CHECK AUTHORIZATION FORM

Authorization form **MUST** be accompanied with a copy of **Driver's License or State Identification Card** for it to be processed.

In order to ensure the protection of children in the care of Marshall Public Schools, the District requires that all volunteers who regularly and continuously volunteer in our schools, who serve as a Chaperone-Field Trip* (**supervising students other than one's own child*) or who attend overnight or out of state trips submit to a criminal records check. A criminal records check shall be conducted through the State of Michigan Internet Criminal History Access Tool (ICHAT), Michigan Public Sex Offender Registry (PSOR), Offender Tracking Information System (OTIS), and the National Sex Offender Registry (NSOR). Any applicant declining to complete a "Criminal Records Check Authorization Form" will not be considered for volunteering or chaperoning in our schools.

VOLUNTEER INFORMATION – Please only complete one form per school year

Name: _____ Maiden name or other name(s) used: _____
 (First) (Middle Initial) (Last) (Suffix)

Date of Birth: ____ / ____ / ____ Sex (circle one): M F Eye Color: ____ Hair Color: ____ Height: ____

Residential Address: _____ Phone: (____) _____
 (Street) City/State Zip

Ethnicity (circle all that apply): African American American Indian Asian Hispanic White Native Hawaiian Other

Building Location (circle all that apply): MYCA MOHS MHS MMS GES HES HARR WES SHMRK

Volunteer work for which you are applying (circle all that apply):

Athletics Classroom *Chaperone-Field Trip (list date below) Overnight Trip (list date below) Out-of-State Trip (list date below) Other (list below)

Other: _____ Date(s): _____

Teacher(s) Name (if applicable – list all that apply): _____

Child(s) Name (if applicable): _____ Relationship to Child: parent guardian grandparent sibling other

CRIMINAL HISTORY INFORMATION

Marshall Public Schools reserves the right to "approve" or "deny" any volunteer service upon review of the criminal records check. The determination will be based upon the individual's fitness to have responsibility for the safety and well-being of children.

- Have you been convicted of, pled guilty or nolo contendere (no contest) to a *misdemeanor* in a state or federal court? ☐ Yes ☐ No
- Have you been convicted of, pled guilty or nolo contendere (no contest) to a *felony* in a state or federal court? ☐ Yes ☐ No

If the answer to either of the above questions is "yes," please answer each of the following questions:

1. Identify each offense for which you have been convicted: _____
2. Please provide the date of conviction(s): _____
3. Please provide the state, county and court of conviction(s): _____

- Do you currently have any felony charges pending against you? ☐ Yes ☐ No

If the answer to the above question is "yes," please describe the nature of the pending felony charge(s) and identify the state, county and court where the charge(s) are pending:

ACKNOWLEDGEMENT AND AUTHORIZATION

By affixing my signature to this form, I hereby authorize Marshall Public Schools (MPS) to inquire and verify any information contained on this authorization form for volunteer service. I acknowledge that my statements are true and accurate and I understand that providing false information or information contradicting the criminal records check is grounds for denial of volunteer placement.

Signature: _____ Date: _____

BUILDING SECRETARY: To avoid running duplicate background checks, please initial _____ that you have reviewed this form AND have checked your master list before sending to Central Office.

HUMAN RESOURCES OFFICE USE ONLY: HR Representative: _____ Date Completed: _____ Approved ☐ Denied ☐