

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: _____ <i>First</i> <i>Middle</i> <i>Last</i>
Maiden name or other name(s) previously used: _____
DOB: _____ Sex: _____ Eye Color: _____ Race: _____ Height: _____ <small>[mm/dd/yyyy]</small>

HISTORY INFORMATION

1) Have you volunteered at Portland Public Schools before? <input type="checkbox"/> Yes <input type="checkbox"/> No
2) Have you ever pled guilty, or been convicted of a felony in a state or federal court? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 2025-2026 school year.

You must present this completed form, along with your driver’s license, *in person* to the building secretary for verification or email a scanned copy of this form, along with a copy of your driver’s license, to:

- Oakwood - owoff@portlandk12.org
- Westwood - wwoff@portlandk12.org
- Middle School - msoff@portlandk12.org
- High School - lhager@portlandk12.org

Additional questions or concerns can be sent to Diana Graef at dgraef@portlandk12.org or by phone at 517-647-4161.

OFFICE USE ONLY

Building Administrator: _____
Volunteer Identifiers Verified By: _____ Date: _____

Approved <input type="checkbox"/> Denied <input type="checkbox"/> Date Approved/Denied _____ Determining Staff Member _____
