2026-2027 School Year

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 descripition of the investigation or pending charges: _____

_____

Portland Public Schools
Rev. 07/09/26

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 2026-2027 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 Sam DeLeon at sdeleon@portlandk12.org or by phone at 517-647-4161.

OFFICE USE ONLY

Building Administrator: _____

Volunteer Identifiers Verified By: _____ Date: _____

Approved ☐ Denied ☐ Date Approved/Denied _____ Determining Staff Member _____