

**\*\* PLEASE ONLY RETURN TO SCHOOL IF YOU PLAN TO VOLUNTEER \*\***

**\*\*You only need one per parent/guardian per family\*\***

**VOLUNTEER BACKGROUND CHECK**

**Acknowledgment Form**

**\*Nonemployment Background Checks Only\***

Service to provide: Volunteer/Chaperone Date to Provide Service: Ongoing

In order to ensure the protection of children in the care of the Ubly 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 ICHAT background check. Any applicant declining to complete a "Volunteer Background Check" acknowledgment form will not be considered.

**POTENTIAL VOLUNTEER INFORMATION**

Full Printed Name: \_\_\_\_\_

Maiden name or other name(s) previously used: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_

[mm/dd/yyyy]

**HISTORY INFORMATION**

1) Have you volunteered at Ubly Community 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 description of the investigation or pending charges: \_\_\_\_\_

\_\_\_\_\_

Over 

The Uby Community 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: _____

Please return completed form to The Uby Community Schools. Questions or concerns, please contact Teri Lochrie or Krysta Lindquist at (989) 658-8202.

OFFICE USE ONLY

Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Date Approved/Denied	Determining Staff Member [Initials]
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