Stephenson Area Public Schools

W526 Division Street – P.O. Box 509
Stephenson, Michigan 49887
Phone 906-753-2221 Fax 906-753-4676

VOLUNTEER BACKGROUND CHECK
Acknowledgement Form
Non-employment Background Checks Only

Service to provide:_____ Date to Provide Service:_____

In order to ensure the protection of children in the care of Stephenson Area 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 (fingerprint or State of Michigan ICHAT) background check. If 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 VOLUNTEEER INFORMATION

Full Printed Name: _____

Address: _____

Phone number: _____

Driver's License Number: _____ State Issued: _____

Maiden name or other name(s) previously used: _____

DOB: ___/___/___ Sex: _____ Eye Color: _____ Hair Color: _____ Height: _____

REFERENCES

Name:
Phone Number:
Address:
Relation:
Name:
Phone Number:
Address:
Relation:

HISTORY INFORMATION

1) Have you volunteered at Stephenson Area Public Schools before? Y____ N____

2) Have you ever plead guilty, or been convicted of a felony in a state or federal court?
Y___ N___
Date and state offense/conviction occurred: _____
If yes, provide a detailed description of the conviction: _____
_____

3) Have you ever plead guilty, or been convicted of a misdemeanor in a state or federal court?
Y___ N___
Date and state offense/conviction 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? Y ___ N___
Date and state offense/conviction occurred: _____
If yes, provide a detailed description of the investigation or pending charges:
_____
_____

Stephenson Area 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 information, is grounds for immediate volunteer denial.

The above information is true and complete to the best of my knowledge. Should I be accepted as a volunteer by Stephenson Area Public Schools, any misrepresentation or false statement contained herein may be considered cause for possible dismissal. Stephenson Area Public Schools has my permission to obtain all necessary information from the references I have listed or any or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to Stephenson Area Public Schools.

By affixing your signature to this form you acknowledge your statements are true and give full consent to complete the requested background check.

Signature: _____

Date Signed: _____

Administrative Signature: _____

Position: _____ Date Signed: _____

OFFICE USE ONLY

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