Grass Lake Community Schools

2023-2024 VOLUNTEER BACKGROUND CHECK Acknowledgment Form

Non Employment Background Checks Only

In order to ensure the protection of children in the care of Grass Lake 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 I-Chat background check or in the case of overnight trips, a fingerprint background check. The cost of a fingerprint background check will be the responsibility of the volunteer. If ICHAT, the background check is a name check only, through the State of Michigan ICHAT system, and is based on individual identifiers. *Please submit a copy of a picture ID with this release*.

Any applicant declining to complete a "Volunteer Background Check" acknowledgment form will not be considered.

POTENTIAL VOLUNTEER INFORMATION

Complete Printed Name (First, Middle, Last):						
Maiden name or other name(s) previously used:(MUST INCLUDE)						
DOB:(mm/dd/yyyy)	Gender:	Race:	Eye Color:	_Hair:	_ Height:	

REASON FOR BACKGROUND CHECK – PLEASE PRINT LEGIBLY!

Reason for volunteering: (Field trip, event, sport, etc.)____

Your	child(ren)'s	teacher	:(s):
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HISTORY INFORMATION

1) Have you volunteered at Grass Lake 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:				
 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:				

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Grass Lake 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 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:_____

Questions or concerns, please contact the superintendent office, 517-867-5540.

MUST SUBMIT COPY OF DRIVER'S LICENSE OR PICTURE ID WITH THIS FORM

OFFICE USE ON	NLY		
Approved Staff Member:	Denied	Date Approved/Denied	
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