VOLUNTEER BACKGROUND CHECK

Acknowledgment Form

Non-employment Background Checks Only

Se	ice to provide: Date to Provide Service:	
In required by	der to ensure the protection of children in the care of Mason County Eastern Schools, school policy res, prior to any and all persons providing a volunteer service at the school or for any function conducted e school; all potential volunteers complete a State of Michigan background check. The background check ame check only, through the State of Michigan ICHAT system, and is based on individual identifiers. Any cant declining to complete a "Volunteer Background Check" acknowledgment form will not be considered.	
PO	ENTIAL VOLUNTEER IN FORMATION	
	Printed Name: Driver's License Number:	
	den name or other name(s) previously used:	
D/	B: Sex: Eye Color: Hair Color: Height:	—
	ORY INFORMATION	
1)	lave you volunteered at Mason County Eastern Schools before?YesNo	
2)	Tave you ever applied guilty, or been convicted of a felony in a state or federal court?YesNo Date and state offense/conviction occurred:	_
	yes, provide a detailed description of the conviction:	
3)		_
رد	ave you ever pled guilty, or been convicted of a misdemeanor in a state or Federal court:YesNo	
	Pate and state offense/misdemeanor occurred:	_
	yes, provide a detailed description of the conviction:	_
		<u> </u>
4)	re you the subject of a current criminal investigation or have pending charges against you? _YesNo	
	ate and state the investigation is ongoing:	
	yes, provide a detailed description of the investigation or pending charges:	_
-		_ _
		

REFERENCES

employe	•		
	Name	Address	Phone Number
2	2.		
	Name	Address	Phone Number
have resp	onsibility for the safe	I through ICHAT. The determination will be base ety and wellbeing of children. Providing false inf	ormation, or information
By affixi	ng your signature to the	check information, is grounds for immediate volutions in the second statements are to used background check through ICHAT.	
By affixing consent t	ng your signature to the complete a name ba	his form you acknowledge your statements are to seed background check through ICHAT.	
By affixing consent the Signature of Signature of Shoup at	ng your signature to the complete a name basere:	his form you acknowledge your statements are to used background check through ICHAT.	be true and give full