

ATHENS AREA SCHOOLS

VOLUNTEER BACKGROUND CHECK—ACKNOWLEDGEMENT FORM

NON-EMPLOYMENT BACKGROUND CHECKS ONLY

Service to provide _____ Date to provide service _____

Student you are accompanying, or class you are volunteering
for: _____

In order to ensure the protection of children in care of Athens Area 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 background check. 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" acknowledgement form will not be considered.

POTENTIAL VOLUNTEER INFORMATION

Full Printed Name: _____

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

Date of Birth (month-day-year) _____ Sex: M F Race: White ___ Black ___ Asian or Pacific
Islander ___ American Indian or Alaskan Native ___ Unknown/Other _____

Eye Color: _____ Hair Color: _____ Height: _____

HISTORY INFORMATION

- 1) Have you volunteered at Athens Area Schools before? Yes No

- 2) Have you ever pled guilty, or been convicted of a felony in a state or federal court? Yes No
If yes: 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
If yes: 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: _____

PLEASE COMPLETE REVERSE SIDE

Athens Area Schools reserves the right to "approve" or "deny" any volunteer service upon review of the background check returned through ICHAT. The determination will be based upon the individual's fitness to responsibility for the safety and wellbeing of children. Providing false 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 a name based background check through ICHAT.

Signature: _____

Date Signed _____

FOR OFFICE USE ONLY

Approved _____ Denied _____

Date Approved _____

Determining Staff Member _____

Administrator _____