

[Agency Name]  
Rev. [Date]

**VOLUNTEER BACKGROUND CHECK**  
**Acknowledgment 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 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" 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 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  
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: \_\_\_\_\_

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If yes, provide a detailed description of the investigation or pending charges: \_\_\_\_\_

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 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 a name based background check through ICHAT.

Signature: _____
Date Signed: _____

Please return completed form to ATHENS AREA SCHOOLS .

Questions or concerns, please contact. Shirley Dowd ( 269)-729-5427

OFFICE USE ONLY

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