2025-2026 Volunteer Background Check Acknowledgement Form

Non-Employement Background Checks Only

Check all areas where you would like to volunteer:

☐ Elementary School ☐ Middle/High School ☐ ECC ☐ After-School Events ☐ Athletics ☐ Coach ☐ Contractor ☐ Other

In order to ensure the protection of children in the care of Potterville Public Schools, school policy requires, prior to any and all persons providing a volunteer service at the schcool or for any function conducted by the school; all potential volunteers complete a State of Michigan ICHAT background check. **A proof of identifications is REQUIRED to process your ICHAT background check. If you do not provide proper identification, your application will not be processed.** Any applicant declining to complete this form will not be considered.

Potential Volunteer Information:

Full Printed Name:_____

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

DOB:_____ Sex:_____ Race:_____ Eye Color:_____ Hair Color:_____ Height:_____

History Information:

Have you volunteered at Potterville Public Schools Before? ☐ Yes ☐ No

Have you ever pled guilty, or been convicted of a felony in a State or Federal Court? ☐ Yes ☐ No

If Yes:

Date and Name of offense/conviction occurred:_____

Provide a detailed description of the conviction:

Have you ever pled guilty, or been convicted of a misdemeanor in a State or Federal Court? ☐ Yes ☐ No

If Yes:

Date and Name of offense/conviction occurred:_____

Provide a detailed description of the conviction:

Are you the subject of a current criminal investigation or have pending charges against you? ☐ Yes ☐ No

If Yes:

Date and Name of offense/conviction occurred:_____

Provide a detailed description of the conviction:

Potterville 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 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: _____ Phone Number:_____ Email:_____Date:_____

For Office Use:

☐ Approved ☐ Denied Determining Staff Member:_____ Date:_____

Denial Reason:_____

Rev: 03/10/2025