

VOLUNTEER BACKGROUND CHECK SY 2024-2025

Acknowledgment Form

Nonemployment Background Checks Only

In order to ensure the protection of children in the care of LakeVille 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 ICHAT background check. Any applicant declining to complete a "Volunteer Background Check" acknowledgment form will not be considered.

I authorize the district's investigating employee(s) or agents to contact any child protection agencies or registries, law enforcement authorities, and/or judicial authorities and to make inquiries and to obtain any information and/or records related to me to determine if I have committed or have been convicted of any crimes and if there are any felony charges pending against me, including the nature of the crimes committed and/or pending felony charges. I further release the district, its investigating employee(s) and agents and the sources of such criminal history background reports regarding me from any liability in connection with the disclosure or receipt of such information for purposes of processing my request to volunteer in the district.

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 LakeVille 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: _____

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: _____

LakeVille Community Schools

Rev. July 1, 2017

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

LakeVille 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 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: _____

Date Signed: _____

Please return completed form and a **photocopy of your current driver’s license** to LakeVille Community Schools – any school main office. Questions or concerns, please contact Carrie Strait, 810-591-3939; cstrait@lakevilleschools.org

I agree to abide by all relevant Board policies and administrative guidelines while on duty for the District. I understand that, although I am covered under the District’s liability insurance policy, I am not covered by its health insurance policy, nor am I eligible for workers’ compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

For the protection of the children in the school, the District is required by law to inquire of its staff members whether or not they have ever been convicted of a crime related to children. We would appreciate your cooperation by indicating that you have never been convicted of any of the following offenses: aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, aggravated menacing, abuse or neglect of a child, kidnapping, abduction, child stealing, criminal child enticement, rape, sexual battery, corruption of a minor, gross sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually-oriented matter involving a minor, illegal use of a minor in nudity-oriented material or performance, endangering children, contributing to the delinquency of children, carrying concealed weapons, improperly discharging a firearm at or into a school or house, corrupting another with drugs, placing harmful objects in or adulterating food or confection.

Volunteer Signature: _____

District Witness: _____ Date: _____

OFFICE USE ONLY

Approved Denied Date Approved/Denied _____ Determining Staff Member _____