

Pinconning Area School District

Background Check Application

By providing the following information you are allowing Pinconning Area Schools to complete a background check per our established policy. This information, including the results of your background check, will be kept strictly confidential. If you have any questions concerning our policy, please call the District Coordinator at (989) 308-0562.

Please Print

*******Copy of Current Driver's License (front and back) must be attached.*******

Last Name _____ First Name _____

Middle Name _____ Gender: Male or Female (circle one) Date of Birth ____/____/____

Race: White, Black, Asian or Pacific Islander, American Indian, Other (circle one)

Phone (____) _____ - _____ Address _____

City/State/Zip _____

If married, your maiden name _____

Any other name/names used (alias) _____

Have you ever pled guilty to or been convicted of: (Circle yes or no to each) Traffic violation: yes or no

Misdemeanor: yes or no

Felony: yes or no

Other: _____

List all student's names and schools where you plan to volunteer.

Student Name _____ School _____

Student Name _____ School _____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if accepted as a volunteer, **falsified statements on this form shall be grounds for termination as a volunteer.** I authorize an investigation of all information contained herein. I recognize that it is my responsibility to notify the District Coordinator of **any** changes to the above information by completing a new application. I understand that by signing below, I authorize Pinconning Area School District to perform annual background checks until I notify them that I no longer wish to volunteer for the school district. I further understand that Pinconning Area School District reserves the right to decline my volunteer services at any time.

Signature _____ Date ____/____/____

For Office Use Only

Copy of Michigan Driver's License Attached: Yes or No
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Pinconning Area School District

PAL Volunteer Program

INTEREST FORM

Please circle where you would like to volunteer below:

Central Elementary Linwood Elementary
High School Middle School GSRP Preschool

Name: _____ Address: _____

Phone Number: () _____ - _____ Cell: () _____ - _____

Day/Hours Available:

Monday Tuesday Wednesday Thursday Friday
_____ _____ _____ _____ _____

PLEASE CIRCLE AREAS OF INTEREST BELOW:

Field Trips Academic Functions Sports
Office Counseling Exams
Library Book Fair PTC
Classrooms Dances Report Cards

Other _____

Emergency Contact Name & Phone Number: _____

Please list any medical conditions you may have that we may need to accommodate:
