



Office Use Only:

ICHAT --

PSOR --

OTIS --

Dear Volunteer,

Thank you for your interest in volunteering at Godwin Heights Public Schools. The contribution of your valuable time is a special gift. You are contributing to the Board of Education's top goal of student achievement.

The safety of students, staff, volunteers, and guests in our buildings is a top priority of Godwin Heights Public Schools. All GHPS employees and volunteers are required to undergo a criminal background check using the I-Chat (Michigan State Police) system. All information gathered through the background check will be kept confidential. This form must be completed annually before volunteers are able to work with our students.

Please complete the following: Drivers License/State ID Number: _____

Volunteer Name: _____
Last First Middle

Date of Birth: ____/____/____ Gender: M F Phone Number _____
(month) (day) (year)

Home Address _____

E-Mail Address _____ School: North / West / Middle / HS

Ethnicity: African American ___ American Indian ___ Asian ___ Pacific Islander ___ White ___ Other ___

Student's Name: _____ Student Grade: _____

Pursuant to Public Act 68 of 1993, I represent that (check one)

1. I have **never** been convicted of, or pleaded guilty or nolo contendere (no contest), to any crimes _____
2. I have been convicted of, or pled guilty or nolo contendere (no contest), to the following crimes _____
Type: _____

Pursuant to Act 68 of 1993, I understand and agree that:

- The Board of Education of the school district or governing body of the non-profit school (the "School") must request a criminal history check on me from the Central Records Division of the Michigan Department of State Police.
- Until the report is received and reviewed by the school, I am not able to volunteer; and
- **If the report received from the Department of State Police is not the same as my representation(s) above, respecting either the absence of any violation(s) or any crimes of which I have been convicted, I shall not be permitted to volunteer for any Godwin Heights Public School.**

Note : If you are a GSRP Preschool Program Volunteer, you will always be under the supervision of a staff member and are not permitted to be alone with any student.

Signed: _____ Date: _____