

Lakeview Community Schools
VOLUNTEER BACKGROUND CHECK
Acknowledgment Form

Non-employment Background Checks Only

In order to ensure the protection of children in the care of Lakeview 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 an ICHAT background check. Please allow 24 - 48 hours for processing.

Driver's License **MUST** be attached to this form. Any forms without identification *will be* returned.

Please sign bottom of form. Any forms without signature *will be* returned.

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]

Current Address _____ City _____ Zip _____

HISTORY INFORMATION

1) Have you volunteered at Lakeview 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: _____

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: _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Lakeview 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 well-being of children. Providing false information, or information contradicting to the background check information, is grounds for immediate volunteer denial.

By signing this form, you acknowledge your statements to be true and give full consent to complete the requested background check.

Signature: _____

Date Signed: _____

Please return completed form to any Lakeview Community Schools Office. If you have any questions or concerns, please contact Denise Kurtze at 989-352-6226.

Office Use Only (ver. 110717)

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Approved Denied

Date Approved/Denied _____ Initials _____