

**Durand Area Schools  
VOLUNTEER BACKGROUND CHECK  
Acknowledgment Form**

\*Nonemployment Background Checks Only\*

Service to provide: \_\_\_\_\_ Date to Provide Service: \_\_\_\_\_

**POTENTIAL VOLUNTEER INFORMATION**

Full Printed Name: \_\_\_\_\_

[First]

[Middle]

[Last]

Maiden name or other name(s) previously used: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_

[mm/dd/yy]

**HISTORY INFORMATION** (*failure to disclose history information may lead to volunteer denial*)

1) Have you volunteered at Durand Area 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 details if the investigation is ongoing: \_\_\_\_\_

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

\_\_\_\_\_

See back for more information ➡

In order to ensure the protection of children in the care of Durand Area Schools, school policy requires all potential volunteers to complete a background check prior to any and all persons providing a volunteer service at the school or for any function conducted by the school. The background check is a name check only through the State of Michigan Internet Criminal History Access Tool (ICHAT) criminal history records check, the Offender Tracking Information System (OTIS) and the Sex Offenders Registry (SOR) and is based on individual identifiers. Any applicant declining to complete a "Volunteer Background Check" acknowledgment form will not be considered.

By affixing my signature to this form, 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.

Durand Area 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 my signature to this form I acknowledge my statements to be true and give full consent to complete the requested background check.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

(Circle Building)

Student Name: \_\_\_\_\_ Building: (BN, RK, MS, HS)

Student Name: \_\_\_\_\_ Building: (BN, RK, MS, HS)

Student Name: \_\_\_\_\_ Building: (BN, RK, MS, HS)

**Volunteers:** Be sure to list all student names and building(s), completing just one form for all.

Please return completed form to Durand Area Schools, Attention: Joyce, Administration Office, 310 N Saginaw Street, Durand, MI 48429

Questions or concerns, please contact Joyce Porter at [jporter@durand.k12.mi.us](mailto:jporter@durand.k12.mi.us) or 989-288-5585.

**OFFICE USE ONLY**

Approved  Denied  Date Approved/Denied [ / / ] Determining Staff Member \_\_\_\_\_