

Grandville Public Schools

VOLUNTEER BACKGROUND CHECK (Non-employment Background Check)

In order to ensure the protection of children in the care of Grandville Public 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 background check. The background check is a name check only, through the State of Michigan ICHAT system, and is based on individual identifiers. Any applicant declining to complete a "Volunteer Background Check" acknowledgement form will not be considered.

POTENTIAL VOLUNTEER INFORMATION

Last Name _____	First Name _____	Middle _____
Maiden Name or other name(s) previously used _____		Date of Birth _____
Race please circle one: White/Black/Asian or Pacific Islander/American Indian/ Alaskan Native/Other		Gender _____
Student's Name _____	School Building _____	
Volunteer Event _____	Date of Event _____	

HISTORY INFORMATION

1 – Have you volunteered at Grandville Public 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 of 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: _____ 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 offense/misdemeanor occurred: _____ If yes, provide a detailed description of the conviction: _____ _____

Grandville Public Schools reserves the right to "approve" or "deny" any volunteer service upon review of the background check returned through ICHAT. 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 the background check information is grounds for immediate volunteer denial. Contact Human Resources, 616-254-6589 with questions or concerns.

By affixing your signature to this form you acknowledge your statements are to be true and give full consent to complete a name based background check through ICHAT. You also agree to contact the Grandville Public Schools Human Resources Office of any future criminal investigation or pending charges against you after the date of this form. You also release the Grandville Public Schools of any obligation should you become ill or receive an injury as a result of your volunteer services.

Signature _____ Date _____

Address _____ Phone _____

A COPY OF YOUR DRIVERS LICENSE MUST BE ATTACHED TO THIS FORM

This form, along with the background check, is acknowledged for one school year. Record of this waiver and the background report will be kept in a confidential file in the personnel office for life of the report.