



**Ishpeming Public School District
VOLUNTEER BACKGROUND CHECK
Acknowledgment Form**



Non-employment Background Check Only

Service(s) to provide: _____ Date(s) to Provide Service: _____

In order to ensure the protection of children in the care of Ishpeming Public School District No. 1, 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" acknowledgment form will not be considered.

POTENTIAL VOLUNTEER INFORMATION

Full Printed Name: _____

Maiden name or other name(s) previously used: _____

Address: _____ Phone No.: _____

DOB: _____ Sex: _____ Eye Color: _____ Hair Color: _____ Height: _____

Race: White Black, Asian or Pacific Islander American Indian or Alaskan Native Unknown

HISTORY INFORMATION

1) Have you volunteered at Ishpeming Public School District No. 1 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 the investigation is ongoing: _____

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

Ishpeming Public School District No. 1 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.

VOLUNTEER RELEASE

I have offered my services as a volunteer to help the School District in the following areas:

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. For the protection of the children in the school, the District is required by law to inquire of its staff members whether or not they have ever been convicted of a crime related to children. We would appreciate your cooperation by indicating that you have never been convicted of any of the following offenses: *aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, aggravated menacing, abuse or neglect of a child, kidnapping, abduction, child stealing, criminal child enticement, rape, sexual battery, corruption of a minor, gross sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually-oriented matter involving a minor, illegal use of a minor in nudity-oriented material or performance, endangering children, contributing to the delinquency of children, carrying concealed weapons, improperly discharging a firearm at or into a school or house, corrupting another with drugs, placing harmful objects in or adulterating food or confection.*

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. Note: Volunteer Athletic Coaches and Assistants also require Board of Education approval.

Volunteer – Please print _____

District Witness – Please print _____

Volunteer – Signature _____

District Witness – Signature _____

Date _____

Date _____

Questions or concerns, please contact:

Elementary Secretary
Birchview Elementary
663 Polar Street
Ishpeming, MI 49849
906.485.6341

I.M.S./I.H.S. Secretary
Ishpeming Middle ~ High School
319 E. Division Street
Ishpeming, MI 49849
906.485.1066

Superintendent Secretary
Office of the Superintendent
319 E. Division Street
Ishpeming, MI 49849
906.485.5501

OFFICE USE ONLY ~ Volunteer Athletic Coaches/Assistants require Board of Education approval.

Approved Denied Date Approved/Denied: _____

Determining Staff Member: _____