



BCPS VOLUNTEER BACKGROUND CHECK

Acknowledgment Form

Nonemployment Background Checks Only

Service to provide: _____ Date to Provide Service: _____

In order to ensure the protection of children in the care of Boyne City 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 ICHAT background check**. ICHAT is a background 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 Legal Printed Name: _____

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

DOB: _____ Sex: _____ RACE: _____ Eye Color: _____ Height: _____

HISTORY INFORMATION (Use the back of this sheet if you need more space)

- 1) Have you volunteered at Boyne City 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 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: _____

Boyne City Public 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 your signature to this form you acknowledge your statements are to be true and give full consent to complete the requested background check.

Signature: _____ Date Signed: _____

A copy of the driver's license MUST be attached.

Please return completed form to Boyne City Public Schools, 321 South Park Street.

Questions or concerns, please contact Angela Matelski, 231-439-8190 or

<mailto:amatelski@boyne.k12.mi.us>.

OFFICE USE ONLY

Approved ☐ Denied ☐ Date approved _____ Determining Staff Member Initials: _____