

SODUS TOWNSHIP SCHOOL DISTRICT #5  
VOLUNTEER BACKGROUND CHECK  
Acknowledgment Form

\*Nonemployment Background Checks Only\*

Service to provide: Volunteer/Chaperone Date to Provide Service: 2019-2020

In order to ensure the protection of children in the care of Sodus Township School District #5, 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. If ICHAT, 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: _____
DOB: _____ Sex: _____ Eye Color: _____ Hair Color: _____ Height: _____ [mm/dd/yyyy]

HISTORY INFORMATION

1) Have you volunteered at Sodus Township School District #5 before? <input type="checkbox"/> Yes <input type="checkbox"/> No
2) Have you ever pled guilty, or been convicted of a felony in a state or federal court? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Date and state the investigation is ongoing: _____ If yes, provide a detailed description of the investigation or pending charges: _____

Sodus Township School District #5 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: _____

Please return completed form to Sodus Township School District #5-River School, 4439 River Road, Sodus, Michigan, 49126. Questions or concerns, please contact Laura Lausch, Principal at (269) 925-6757.

OFFICE USE ONLY

Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Date Approved/Denied :	Determining Staff Member :
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