

**St. Johns Public School  
District**

Rev. 8/26/24

**VOLUNTEER BACKGROUND CHECK  
Acknowledgment Form**

**\*Nonemployment Background Checks Only\***

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

School Service Provided At: \_\_\_\_\_

In order to ensure the protection of children in the care of St. Johns Public School District, 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]

RACE: \_\_\_\_\_

**HISTORY INFORMATION**

- 1) Have you volunteered at St. Johns Public School District this school year?  Yes  No
- 2) Have you ever pled guilty, or been convicted of a felony in any 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 any 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 in any state?  
 Yes  No  
Date and state the investigation is ongoing: \_\_\_\_\_  
If yes, provide a detailed description of the investigation or pending charges: \_\_\_\_\_

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St. Johns Public School District 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. Those individuals having negative ICHAT results may be required to go through a LIVESCAN fingerprint background check in order to volunteer at St. Johns Public School District at their own expense.**

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.

Please return completed form to your student’s school building no later than 7 calendar days before the scheduled field trip. Volunteer Background Check forms received with less than 7 calendar days before the scheduled field trip **will not be processed**, and you will not be allowed to volunteer. **You must also provide a copy of your drivers license at the time this form is submitted as proof of identification.**

Signature: _____
Date Signed: _____

Questions or concerns, please contact Aleisha Wenzlick 989-227-4002, wenzlicka@sjredwings.org

OFFICE USE ONLY

Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Date Approved/Denied [mm/dd/yy]	Determining Staff Member [Initials]
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