

**VOLUNTEER BACKGROUND CHECK
ACKNOWLEDGMENT FORM**

NON-EMPLOYMENT Background Checks Only

Service to provide: _____ **Date to Provide Service:** _____

In order to ensure the protection of children in the care of **CADILLAC AREA 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 (fingerprint or 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: _____

HISTORY INFORMATION

1) Have you volunteered at **CADILLAC AREA PUBLIC SCHOOLS** before?

_____ YES _____ NO

2) Have you ever plead 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 plead guilty, or been convicted of a misdemeanor in a state or federal court?

_____ YES _____ NO

Date and state offense/conviction 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(s) of the investigation is ongoing: _____

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

CADILLAC AREA 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.

VOLUNTEER LIABILITY AND RELEASE STATEMENT

I agree to hold harmless Cadillac Area Public Schools, the Board of Education, and their officers, employees and agents from any liability, loss or expenses arising from any injury or claim resulting from my participation as a volunteer. I further understand that Cadillac Area Public Schools has no obligation to compensate me for time spent as a volunteer or any loss that may arise as the result of my volunteer activities. I have read the Release and Waiver of Liability and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Initials

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 the school you will be volunteering at. If you have any questions or concerns, please contact CADILLAC AREA PUBLIC SCHOOLS, 421 SOUTH MITCHELL STREET, CADILLAC MI 49601 or (231)876.5000

Mail to: CASA
P.O. Box 308
Cadillac, MI 49601

Email:
busham26@gmail.com

OFFICE USE ONLY

_____ Approved

_____ Denied

_____ Date Approved/Denied

_____ Staff initials