



In order to ensure the protection of children in the care of Spring Lake Public Schools, school policy requires all volunteers complete a State of Michigan ICHAT background check at least two weeks prior to providing a volunteer service at the school or for any function conducted by the school. 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 Assessment Form will not be allowed to volunteer at the event. **Please complete the information requested in the boxes below and on the reverse side of this form and submit only once per school year.**

VOLUNTEER INFORMATION:

**A COPY OF YOUR DRIVER'S LICENSE MUST BE ATTACHED TO THIS FORM.
PLEASE COMPLETE BOTH SIDES.**

Full Printed Name: _____

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

DOB: _____ Sex: _____ Race: White Black Asian/Pacific Islander
(mm/dd/yyyy) (M/F) American Indian/Alaskan Native Unknown/Other

Email Address: _____ Contact Number: _____

Volunteer Position/Building: _____

HISTORY INFORMATION:

Have you volunteered at Spring Lake Public Schools before? Yes No

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: _____

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: _____

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: _____

ACKNOWLEDGMENTS:

I certify that the information given on this form is true and correct to the best of my knowledge, and I give full consent to Spring Lake Public Schools and its personnel to complete the requested background check. I understand that the information submitted will remain confidential. As a volunteer, I agree to abide by all relevant Board policies and guidelines while on duty for the District. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as consequence of my volunteer services.

As a volunteer driver (if applicable), I understand that I must be 21 years of age or older, hold a valid Michigan driver's license, and have the required insurance coverage in effect on any vehicle used to transport students. I further certify that to the best of my knowledge I do not have more than 7 points on my driver's license nor do I have any outstanding driving related court cases.

Signature: _____

Date Signed: _____

Complete this section below if driving students in a personal vehicle:

Michigan Driver's License Number: _____

Vehicle that will be used:

Owner: _____ Year/Make: _____ Model: _____

A copy of your current driver's license must also be attached to this form along with the vehicle's insurance certificate. When using a privately owned vehicle, the insurance coverage is the limits of the insurance policy covering that specific vehicle. The minimally acceptable liability limit for privately owned vehicles is \$100,000/\$300,000.

Eff. 7/1/2008, the new Child Restraint Law in Michigan required that children under the age of 8 and under 4'9" tall must be in a child restraint. A child restraint can be a car seat with harness straps or a booster seat used with the vehicle's lap and shoulder belt. Children who outgrow these restrictions must wear seatbelts.

Please return this completed form to the building or program where you are requesting volunteer service approval. If you have questions or concerns regarding this form, please contact Central Office at 616-846-5500. Spring Lake 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 well-being of children. Providing false information, or information contradicting the background check information, is grounds for immediate volunteer denial.

OFFICE USE ONLY

Approved Denied Date ICHAT Performed: _____ Performed By: _____
(Initials)