

**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 Lenawee Christian School/Centre, 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: \_\_\_\_\_ Phone number: \_\_\_\_\_

**HISTORY INFORMATION**

1) Have you volunteered at Lenawee Christian School/Centre 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: \_\_\_\_\_

\_\_\_\_\_

Lenawee Christian School/Centre 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 Jamie Erd in Central Office, along with a copy of your drivers license.

Questions or concerns, please contact Peggy L Thompson – pthompson@lenawee.org.

OFFICE USE ONLY

Approved  Denied  Date Approved/Denied [mm/dd/yy] Determining Staff Member [Initials]