Port Huron Area School District
VOLUNTEER BACKGROUND CHECK
Acknowledgment Form

Nonemployment Background Checks Only

Service to provide: _____ Date to Provide Service: _____

In order to ensure the protection of children in the care of Port Huron Area 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. **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/other name(s) previously used:

Volunteer's Date of Birth: Sex: ☐ Male ☐ Female ☐ Perfer not to answer

Race:

Street Address:

City: State: Zip Code:

Phone Number:

Student's Name:

School:

HISTORY INFORMATION

1) Have you ever pled guilty, or been convicted of a felony in a state or federal court?
☐ Yes ☐ No

2) Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court?
☐ Yes ☐ No

3) Are you the subject of a current criminal investigation or have pending charges against you?
☐ Yes ☐ No

Port Huron Area 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.**

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 Port Huron Area School District. Questions or concerns, please contact Human Resources at (810) 984-3101 Ext. 4011.

HUMAN RESOURCES USE ONLY
Approved ☐ Denied ☐ Date Approved/Denied _____ Staff Initials _____

Restrictions _____

Dates Submitted from office to HR: _____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____