

VOLUNTEER APPLICATION FORM

Thank you for considering volunteering with Marysville Public Schools.

Please complete the following information and return the form to your child's school office, the athletic department, program director/coach or the administration office, as applicable:

Volunteer Preference(s) (Program/School): _____,
_____, _____, _____.

Please respond to the following questions:

Have you ever been convicted of a crime, *other than* a minor traffic violation?

_____ Yes _____ No

Do you currently have any pending felony charges or are you under investigation for potential felony charges? _____ Yes _____ No Explain: _____

Have you ever been convicted of any offense involving criminal sexual conduct, attempted criminal sexual conduct, assault with intent to commit criminal sexual conduct, felonious assault on a child, cruelty, torture or indecent exposure involving a child? _____ Yes _____ No

ICHAT AUTHORIZATION

In order to ensure the protection of children in the care of the Marysville Public Schools District, school policy requires that any individual requesting to volunteer, complete an ICHAT prior to providing any volunteer services at the school and/or for any school function. **The ICHAT background is a name check only through the State of Michigan ICHAT system and is based on individual identifiers.** ICHATS are completed through the administration office and will be viewed by staff responsible for authorizing volunteers. A satisfactory report is necessary to provide such services. Those declining to complete the Voluntary Background Check form will not be considered. For questions, please call 810-455-6007.

Please print and provide your legal name:

First Name: _____ MI: _____ Last Name: _____

Maiden Name or other names used _____

Address: _____ City: _____ ZC: _____

Contact Number: _____

Date of Birth (mm/dd/yyyy): _____ Birth Assigned Gender: Male Female

Driver's License or State issued ID number: _____

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By signing below, you acknowledge that your statements are true and that you authorize Marysville Public Schools to conduct an ICHAT:

Volunteers Signature

Date

Marysville Public Schools reserves the right to “approve” or “deny” an individual’s request to volunteer based upon review of the background check returned. The determination will be based on 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.

Information will be made available for those wishing to appeal findings or correct inaccurate information found on the report, upon request.

For Office Use Only:

This section is for administration use for reports with “findings.”

_____ *Approved* _____ *Denied*

Reviewer’s Initials: _____ *Date* _____