

## BAND CAMP 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: \_\_\_\_\_

**Please continue to page two**

# Volunteer Application Form

(Page 2)

**By signing below, you acknowledge that your statements are true and that you authorize Marysville Public Schools to conduct an ICHAT. Furthermore, you approve the release of your approved results of your ICHAT to be provided to the band director for inspection by the state, as requested and per the state licensing guidelines for band camp volunteers:**

\_\_\_\_\_  
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*\_\_\_\_\_