



WHITEHALL DISTRICT SCHOOLS

Volunteer Background Check Volunteer Form

Updated 6/25

In order to ensure the protection of children in the care of Whitehall District Schools, all potential volunteers are required to complete a State of Michigan background check. This 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.

ONLY ONE FORM PER PERSON, PER SCHOOL YEAR IS REQUIRED.

POTENTIAL VOLUNTEER INFORMATION (personal identifiers)

****Please allow at least 24 hrs for processing****

Full, Legal Printed Name _____

Maiden or other name(s) previously used: _____

DOB _____ Sex _____ Ethnicity _____

Driver's License Number _____

If you are connected with a student(s), please list their name(s) _____

HISTORY INFORMATION

1. Have you volunteered before? ☐ YES ☐ NO
2. Have you ever pled guilty, or been convicted of a felony in a state or federal court? ☐ YES ☐ NO
If yes, date and state offense/conviction occurred: _____
Provide a detailed description of conviction: _____
3. Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court? ☐ YES ☐ NO
If yes, date and state offense/misdemeanor occurred: _____
Provide a detailed description of conviction: _____
4. Are you the subject of a current criminal investigation or have pending charges against you? ☐ YES ☐ NO
If yes, date and state the investigation is ongoing: _____
Provide a detailed description of the investigation or pending charges: _____

WDS reserves the right to "approve" or "deny" any volunteer service upon review of the background check returned through ICHAT. 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 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 a name based background check through ICHAT.

Signature _____ Date Signed _____

OFFICE USE ONLY

Approved ☐ Denied ☐ Date Approved/Denied _____ Staff Initials _____