



Volunteer Background Check Form

Name: _____
Last First Middle Initial

Other (Nickname, Maiden Name, etc.) _____

Date of Birth: ____/____/____
Month Day Year

- Male
 Female

Race:

- Caucasian
 African American
 Asian or Pacific Islander
 American Indian or Alaskan Native
 Hispanic
 Unknown/Other _____

Address: _____
Street Address

City State Zip

Phone: _____

Children attending Fruitport Community Schools? ___Yes ___No

Child's Name	Teacher/Room #	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is your affiliation/reason for volunteering in the building? _____

I understand that it is necessary to have a Michigan State Police background check done before I volunteer in Fruitport Community Schools. **I understand that the information submitted will remain confidential. A copy of my valid State of Michigan ID/Driver's License is attached.** I agree to allow district-designated personnel from Fruitport Community Schools to submit the information above to the Michigan State Police ICHAT (Internet Criminal History Access Tool) for review. I understand that this form is to be submitted at least five school days prior to my desired date of volunteering.

Signature of Volunteer _____

Date _____

~FOR OFFICE USE ONLY~

Copy of ID Attached: ___Yes ___No Date Check Completed: _____

Results of Check: ___Approved ___Denied

Comments: _____

Dear Families,

Volunteers are an essential part of a successful school. As important as volunteers are so is the safety of our students and staff. In an effort to maintain the safe and quality environment of Fruitport Community Schools, background checks are required on all volunteers, and will be completed by approved school personnel.

If you plan to volunteer at any point during the school year the following information must be completed along with a copy of a valid identification card that provides your name and date of birth (example: a driver's license). Any and all information discovered thru the check will be confidential; because circumstances change this background check process must be completed each school year.

Please take a moment to complete the bottom portion of this handout and return it to the school office with a copy of a valid identification card. Please complete only one form per family per building. Each volunteer must have a separate form completed and signed by the person requesting to serve as a volunteer.

We appreciate your cooperation with this matter.

Sincerely,

Fruitport Administration
