



HOLY FAMILY CATHOLIC SCHOOL VOLUNTEER BACKGROUND CHECK

Acknowledgement Form * Non-employment Background Check Only

Service to Provide: School Volunteer

Dates to Provide Service: Current/All School Year

In order to ensure the protection of children in the care of Holy Family Catholic School, 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 [fingerprint or State of Michigan ICHAT (Internet Criminal History Access Tool)] background check. If ICHAT, 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" acknowledgement form, will not be considered.

POTENTIAL VOLUNTEER INFORMATION

Full Printed Name: _____

Maiden Name/other Names Previously Used: _____

DOB: _____ Sex M/F: ____ Eye Color _____ Hair Color _____ Height: _____
MM/DD/YYYY

HISTORY

1. Have you volunteered at Holy Family Catholic School 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 & State offense/conviction occurred: _____
If yes, provide a detailed description of the conviction: _____
3. Have you ever pled guilty/been convicted of a misdemeanor in a state or federal court? ____Yes ____No
If yes, Date & State offense/conviction occurred: _____
If yes, provide a detailed description of the conviction: _____
4. Are you the subject of a current criminal investigation or have pending charges against you? ____Y____N
If yes, Date & State offense/conviction occurred: _____
If yes, provide a detailed description of the conviction: _____

Holy Family Catholic School 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 well-being 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 to be true and give full consent to complete the requested background check.

Signature: _____ Date: _____

Please return this completed form to the school office. If you have any questions, please call Lisa Harvey at (810)694-9072 ext. 2100 or email her at lharvey@hfsgb.org.