



PEWAMO-WESTPHALIA COMMUNITY SCHOOLS
VOLUNTEER/STUDENT WORKER BACKGROUND CHECK

Acknowledgment Form

Service to provide: _____ Date to Provide Service: _____

In order to ensure the protection of students in the care of Pewamo-Westphalia Community Schools, school policy requires that all potential volunteer/student workers are screened prior to providing a services at the school or for any function conducted by the school. All potential volunteer/student worker are to complete a State of Michigan ICHAT background check, Sex Offenders Registry (SOR) check, and Offender Tracking Information System (OTIS) check. 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/Student Worker Background Check" acknowledgment form will not be considered.

POTENTIAL VOLUNTEER/STUDENT WORKER INFORMATION

Full Printed Name: _____

Maiden name or other name(s) previously used: _____

DOB: _____ Sex: _____ Eye Color: _____ Hair Color: _____ Height: _____

Race: ___ American Indian or Alaskan Native ___ Asian or Pacific Islander ___ Black ___ White ___ Other

HISTORY INFORMATION

- 1.) Have you volunteered/worker (under the age of 19) at Pewamo-Westphalia Community Schools this school year? ___ 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: _____

If yes, provide a detailed description of the conviction: _____

- 3.) Have you ever pled guilty or been convicted of a misdemeanor on a state or federal court?

___ Yes ___ No

If yes, date and state offense/misdemeanor 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?

____ Yes ____ No

If yes, date and state where the investigation is ongoing: _____

If yes, provide a detailed description of the investigation or pending charges: _____

Pewamo-Westphalia Community Schools reserves the right to approve or deny any volunteer/student worker 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 are true and that you give full consent for Pewamo-Westphalia Community Schools to complete the requested background check. You also further agree to abide by all relevant Board policies and administrative guidelines while on duty for the District and understand that although you are covered under the District's liability insurance policy, you are not covered by its health insurance policy nor eligible for workers compensation. Should you become ill or suffer an accident while doing volunteer work for the District, you agree that you shall be responsible for any and all hospital and medical charges that may accrue.

You understand further that, as a volunteer/student worker, you are not in any manner considered an employee of the District or entitled to any benefits provided to employees. You further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of your services.

Signature: _____

Date Signed: _____

You must also provide a copy of your driver's license at the time this form is submitted as proof of identification.

Questions or concerns, please contact Debbie Prince at 989-587-5100 extension 5108.

OFFICE USE ONLY (I-Chat, SOR, OTIS Results)

____ Approved ____ Denied Date Approved/Denied: _____ Determining Staff Member: _____