COMSTOCK PUBLIC SCHOOLS

BACKGROUND CHECK

Building(s) _____

Activity _____

Pursuant to Public Act 68 of 1993 and Public Act 83 of 1995, and in order to ensure the protection of children in the care of Comstock Public Schools, 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 an ICHAT background check. Any applicant declining to complete a "Background Check" acknowledgment form will not be considered. A new background check will be required each year.

You are only required to complete one background check, per school year, even if you plan to volunteer in multiple buildings.

A COPY OF THE FRONT OF A DRIVER'S LICENSE OR STATE ID MUST ACCOMPANY THIS FORM.

Please allow up to one week processing time after submitting this form.

PLEASE PRINT - **ALL FIELDS ARE REQUIRED!**

Full Legal Name: **First** _____ **M** _____ **Last** _____

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

Contact Phone Number: _____

Contact Email Address: _____

DOB: _____ (mm/dd/yyyy)

Race: _____ (Black, White, Asian, American Indian, or other)

Gender: _____ (Male, Female, Other)

HISTORY INFORMATION

1) Have you ever pled guilty, or been convicted of a felony in a local, state, or federal court?

___NO ___YES

If yes, provide a detailed description of the conviction below or on a separate sheet of paper.

2) Have you ever pled guilty, or been convicted of a misdemeanor in a local, state or federal court?
___NO ___YES
If yes, provide a detailed description of the conviction below or on a separate sheet of paper.

3) Are you the subject of a current criminal investigation or have pending charges against you?
___NO ___YES
If yes, provide a detailed description of the investigation or pending charges below or on a separate sheet of paper.

Comstock Public 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 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 the requested background check.

Signature: _____

Date: _____

Please return the completed form to your school office.
Questions or concerns, please contact Megan Amsbury at Megan.Amsbury@comstockps.org or 269-250-8907.

- FOR OFFICE USE ONLY -

APPROVED /___/ DENIED /___/

This approval is valid for one calendar year from the approval date listed below.

_____
Signature

_____
Name/Position

_____
Date