

COMSTOCK PARK PUBLIC SCHOOLS
VOLUNTEER APPLICATION
2018-2019

Comstock Park Public Schools
101 School Street NE
Comstock Park, MI 49321

In order to ensure the protection of children in the care of COMSTOCK PARK 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 a State of Michigan background 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 Background Check" acknowledgment form will not be considered.

POTENTIAL VOLUNTEER INFORMATION: *(A copy of Driver's License or State ID must be submitted with application).*

[Full Printed Name]: _____
[Maiden name or other name(s) previously used]: _____
[Date of Birth]: _____ [Gender]: _____ [Ethnicity]: _____
[Primary Phone Number]: _____
Have you ever been convicted or pled guilty to a crime? No ___ Yes, describe _____

Student Name _____ Grade _____ Relationship to Student _____

Student Name _____ Grade _____ Relationship to Student _____

Student Name _____ Grade _____ Relationship to Student _____

COMSTOCK PARK PUBLIC SCHOOLS 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] _____

**Please return completed form to Lisa Nava, 101 School Street NE,
Comstock Park, Michigan 49321.
Questions or concerns call (616) 254-5018.**

OFFICE USE ONLY
[Approved] _____ [Denied] _____
[Date Approved/Denied] _____
[Staff Member Signature] _____

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PLACE DRIVER'S LICENSE HERE