VOLUNTEER APPLICANT ACKNOWLEDGEMENT FORM

In order to ensure the safety and protection of Chatfield School students, staff, volunteers, and visitors, our school policy requires — prior to each and every person providing a volunteer service at any school-conducted function — **all volunteer applicants must complete a background check**. The resource utilized is a name-only background check through the State of Michigan ICHAT system, and it is based on individual identifiers. *Any applicant declining to complete a Volunteer Background Check Acknowledgement Form will not be considered.*

Full Printed Name: Maiden Name/Other Previously Used Name(s): Date of Birth (MM/DD/YYYY): Race: Sex: CHATFIELD SCHOOL INFORMATION Attending Student's Name(s): Relationship to Student(s): Have you volunteered at Chatfield School before? Yes No The Chatfield School reserves the right to approve or deny any volunteer service upon review of an applicable background check performed through the State of Michigan's ICHAT resource. Determination will be based upon the individual's historically proven ability to care for the responsibility, safety, and wellbeing of children. Providing false or contradictory information is grounds for immediate volunteer application denial. By affixing your signature to this form, you acknowledge your statements are to be true and give full consent to the completion of a name-based background check. Applicant Signature: Date Signed:	Fort Date to d No	/ (I I LIO/ (I I	T INFORMATION			
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Applicant Signature: Date Signed:	wellbeing of chi application den By affixing your	ldren. Providi al. signature to	ng false or contradictory in	nformation is ground be your statements	ds for im	nmediate volunteer
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OFFICE USE ONLY Approved Denied Date of Approval/Denial: Staff Initials:						
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