



Holly Area Schools

Excellence in Action!

VOLUNTEER BACKGROUND CHECK

Acknowledgment Form

Non Employment Background Checks Only

Service to provide: _____ Date to Provide Service: _____

Volunteering at Holly Area Schools is a privilege and the Superintendent has sole discretion to grant or deny that privilege. In order to ensure the protection of children in the care of Holly Area 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. **This application must be approved to participate in ALL volunteer activities, which include but are not limited to classroom parties and field trips.**

POTENTIAL VOLUNTEER INFORMATION

Full Printed Name: _____

Address: _____

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

DOB: _____ Gender: M / F Eye Color: _____ Hair Color: _____ Height: _____

HISTORY INFORMATION

1) Have you volunteered at Holly Area Schools before? Yes No

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

Yes No

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 in a state or federal court?

Yes No

Date and state offense/misdemeanor occurred: _____

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

4) Are you the subject of a current criminal or Child Protective Services investigation or have pending charges against you? Yes No

Date and state the investigation is ongoing: _____

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

5) Have you been denied the privilege to volunteer in the past? Yes No

Holly Area Schools reserves the right to “approve” or “deny” any volunteer service upon review of the background check returned. **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 Signed: _____

A Driver's License, State ID, or Passport must accompany this form

***FORMS MUST BE FILLED OUT 4 WEEKS PRIOR TO
VOLUNTEERING/CHAPERONING AN EVENT**

Please return completed form to your student's school office or to:

Holly Area Schools, Human Resources Department
14470 N. Holly Rd., Holly MI 48442

Questions or concerns, please contact our department at humanresources@hask12.org.

Name of Student(s)	Grade	School	Relationship to Student
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Approved applications are valid for the current school year only.

Applicants must apply for approval annually.

OFFICE USE ONLY

Approved Denied Date Approved/Denied ____/____/____ Determining Staff Member ____(initials)