



FRUITPORT
Community Schools

Volunteer Background Check Form

Name: _____
Last First Middle Initial Other (Nickname, Maiden Name, etc.)

Date of Birth: ____/____/____
Month Day Year Male Female

Address: _____
Street Address
City State Zip

Phone: _____

Children attending Fruitport Community Schools? ___Yes ___No

- Race:
- Caucasian
 - African American
 - Asian or Pacific Islander
 - American Indian or Alaskan Native
 - Hispanic
 - Unknown/Other _____

Child's Name	Teacher/Room #	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is your affiliation/reason for volunteering in the building? _____

I understand that it is necessary to have a Michigan State Police background check done before I volunteer in Fruitport Community Schools. I understand that the information submitted will remain confidential. I agree to allow district-designated personnel from Fruitport Community Schools to submit the information above to the Michigan State Police ICHAT (Internet Criminal History Access Tool) for review. I understand that this form is to be submitted at least five school days prior to my desired date of volunteering.

Signature of Volunteer _____ Date _____

FOR OFFICE USE ONLY

Copy of ID Attached: ___Yes ___No Date Check Completed: _____

Results of Check: ___Approved ___Denied

Comments: _____