



VOLUNTEER BACKGROUND CHECK

Acknowledgment Form

Nonemployment Background Checks Only

Service to Provide: _____ Date to Provide Service: _____

In order to ensure the protection of children in the care of Jackson Preparatory & Early College, 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 fingerprint or State of Michigan ICHAT background check. If ICHAT, the background check is 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

Full Printed Name: _____

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

DOB: _____ **Sex:** _____
(mm/dd/yyyy)

Race (please circle): White/Black/Asian or Pacific Islander/American Indian or Alaskan Native/Unknown

HISTORY INFORMATION

1) Have you volunteered at Jackson Preparatory & Early College 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/conviction occurred: _____

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

4) Are you the subject of a current criminal investigation or have pending charges against you?

Yes No

Date and state offense/conviction occurred: _____

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



Jackson Preparatory & Early College 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 to 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: _____

Please return completed form to:

Jackson Preparatory & Early College
2111 Emmons Road
Jackson, MI 49201
F: 517.795.2735

Questions or concerns, please contact Jackson Preparatory & Early College at 517.768.7093 or email at Ramona.dupuis@jacksonpec.org.

OFFICE USE ONLY

Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Date Approved/Denied: _____	Determining Staff Member: _____
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