

Mona Shores Public Schools Volunteer/ICHAT Form

(MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO EVENT IN ORDER TO ATTEND)

2015-2016

NAME (as it appears on your driver's license – *please print*)

Last *First* *MI*

MAIDEN NAME/NAMES PREVIOUSLY USED

Last *First* *MI*

Birth Date _____ **Race** _____ **Sex** Male Female

Address _____
Street Address *City* *ST* *ZIP* *Phone*

Children attending Mona Shores Public Schools? YES NO

Child's Name	Building Attending	Relationship

If you answered **NO** to the above question, what is your affiliation to the building? _____

I understand that the above information is required by the central records division of the Michigan State Police, Lansing, Michigan. I authorize Mona Shores Public Schools to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search. I understand that it is necessary to have a background check done before I volunteer in Mona Shores Public Schools. I understand that the information submitted will remain confidential. All results expire after one year. **Please include a copy of your driver's license along with this form.**

 Signature of Volunteer Date

A COPY OF YOUR DRIVER'S LICENSE MUST BE INCLUDED WITH THIS FORM

SCHOOL BUILDING OFFICE USE ONLY

School Submitting Check: **CA** **CH** **LP** **RP** **MS** **HS** **MSCS**

Department where volunteer will be assisting: _____

Information submitted by: _____

MSCS OFFICE USE ONLY

Date Check Completed: _____

Results of screening _____ OK _____ NEEDS REVIEW by HR

HR COMMENTS: _____

Results posted on database: _____ Results reported to building: _____

**Return this form and a copy of your driver's license to your child's building OR
 Mona Shores Community Services, 121 Randall Road, Muskegon, MI 49441**