ARMADA BASEBALL ASSOCIATION
VOLUNTEER BACKGROUND CHECK
Acknowledgment Form

Non-employment Background Checks Only

Service to provide: _____ Date to Provide Service: _____

In order to ensure the protection of children in the care of Armada Baseball Association (ABA), its policy requires, prior to any and all persons providing a volunteer service at any function conducted by the ABA; all potential volunteers complete a State of Michigan ICHAT background check. **ICHAT, 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.

POTENTIAL VOLUNTEER INFORMATION

Full Printed Name: _____

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

DOB: _____ Sex: _____ Eye Color: _____ Hair Color: _____ Height: _____
[mm/dd/yyyy]

HISTORY INFORMATION

1) Have you volunteered at ABA 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:

_____

_____

ABA 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: _____

OFFICE USE ONLY
Approved ☐ Denied ☐ Date Approved/Denied [mm/dd/yy] Determining Staff Member [Initials]