

Rogers City Elementary School Parent-Teacher Organization (PTO)

Volunteer Background Check

* Indicates required question

Acknowledgement Form

Non-employment Background Checks Only

In order to ensure the protection of children in the care of Rogers City Elementary School, school policy and PTO bylaws require, 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 ICHAT background check.

If ICHAT, the background check is a name check only, through the State of Michigan ICHAT system, and is based on individual identifiers.



1. POTENTIAL VOLUNTEER INFORMATION *

Full Printed Name:

2. Maiden name or other name(s) previously used: *

3. DOB: [mm/dd/yyyy] *

4. SEX: **Check all that apply.* Male Female**5. EYE COLOR: ****Check all that apply.* BLU BRO GRY GRN HZL UNK

6. HAIR COLOR: *

Check all that apply.

- BLK
- BLU
- BLN
- BRO
- GRY
- GRN
- HZL
- RED
- SDY
- MAR
- WHI
- PNK
- MUL
- UNK

7. HEIGHT: *

HISTORY INFORMATION8. 1) Have you volunteered at **ROGERS CITY ELEMENTARY SCHOOL PARENT-TEACHER (PTO)** before? *

Check all that apply.

- Yes
- No

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

Check all that apply.

Yes

No

10. Date and state offense/conviction occurred:

Example: January 7, 2019

11. If yes, provide a detailed description of the conviction:

12. 3) Have you ever pled guilty or been convicted of a misdemeanor in a state or federal court? *

Check all that apply.

Yes

No

13. Date and state offense/conviction occurred:

Example: January 7, 2019

14. If yes, provide a detailed description of the conviction:

15. **ROGERS CITY ELEMENTARY SCHOOL PARENT-TEACHER ORGANIZATION (PTO)** 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 well being of children. Providing false information, or information in contradiction to the background check information is grounds for immediate volunteer denial. Submissions are confidential and information may be shared with Rogers City Area Schools. Please initial below. *

16. By affixing your signature to this form, OR typing "I agree" in the box below, you * acknowledge your statements are to be true and give full consent to complete the requested background check.

Check all that apply.

Signature:

"I agree"

17. Date of consent to complete the requested background check: *

Example: January 7, 2019

18. Please return completed form to **ROGERS CITY ELEMENTARY PARENT-TEACHER ORGANIZATION (PTO)**, 532 W ERIE ST, ROGERS CITY, MI 49779 OR RCESPTOTREASURER@GMAIL.COM.
QUESTIONS OR CONCERNS, please contact AMANDA CARR OR MICHELE HEINZEL. Feel free to leave feedback below.
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FOR OFFICE USE ONLY

APPROVED: PTO Member:	DENIED:	Date Approved/Denied:	Determining
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