Bloomfield Hills Schools
Revised 10/19/2022

VOLUNTEER BACKGROUND CHECK
Acknowledgment Form

School Location _____

Service to provide _____ **Date to Provide Service** _____

In order to ensure the protection of children in the care of Bloomfield Hills Schools, 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 State of Michigan background check. The 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.

*****PLEASE PRINT CLEARLY AND DO NOT USE NICKNAMES*****

Last name: _____ First name: _____ Middle Initial: _____

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

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

☐ Yes ☐ No Have you volunteered at Bloomfield Hills Schools before?

☐ Yes ☐ No Have you ever pled guilty, or been convicted of a felony in a state or federal court?

If yes, provide a detailed description of the state offense/conviction and date occurred: _____

_____

_____

_____

☐ Yes ☐ No Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court?

If yes, provide a detailed description of the state offense/conviction and date occurred: _____

_____

_____

_____

☐ Yes ☐ No Are you the subject of a current criminal investigation or have pending charges against you?

If yes, provide a detailed description of the state offense/conviction and date occurred: _____

_____

_____

_____

Bloomfield Hills Schools reserves the right to "approve" or "deny" any volunteer service upon review of the background check returned through ICHAT. 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 the background check information, is grounds for immediate volunteer denial.

Before completing the document please download it, fully complete and sign the form and return it via email to Debbie Steaban at dsteaban@bloomfield.org. If unable to do so please return the form via U.S. Mail to the attention of Debbie Steaban at: Bloomfield Hills Schools, Human Resources Dept., 7273 Wing Lake Rd., Bloomfield Hills, MI 48301. By signing this form you acknowledge your statements are to be true and give full consent to complete a name based background check through ICHAT.

Signature: _____

Date Signed: _____

Questions or concerns, please contact Debbie Steaban at 248.341.5437 or at dsteaban@bloomfield.org.

OFFICE USE ONLY

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