Livingston EDUCATIONAL SERVICE Agency

Volunteer Background Check Acknowledgment Form

for Non-Employment Background Checks Only

Service to provide: _____ Date(s) to Provide Service: _____

In order to ensure the protection of children in the care of the Livingston Educational Service Agency, 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. **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: _____ [mm/dd/yyyy] Race: _____ Sex: _____ Eye Color: _____ Hair Color: _____ Height: _____

HISTORY INFORMATION

1) Have you volunteered at the Livingston Educational Service Agency 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/misdemeanor 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 the investigation is ongoing: _____

   If yes, provide a detailed descripition of the investigation or pending charges: _____

   _____

The Livingston Educational Service Agency 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:

Livingston Educational Service Agency
1425 W. Grand River Ave.
Howell, MI 48843

Questions or concerns, please contact:

Mandy Rutzel
Human Resources Coordinator
Mandyrutzel@LivingstonESA.org