

WAYNE-WESTLAND COMMUNITY SCHOOLS
Criminal History Consent Form for Volunteer Coaching Applicants

Date: _____ Name of School: _____

Sport you will be volunteering for: _____

In order to ensure the protection of children in the care of our school district, Board policy requires, prior to any person providing a volunteer service at the school or any function conducted by the school, all potential volunteers to 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 consent form will not be considered. A copy of your driver's license must be attached to this form.

POTENTIAL VOLUNTEER INFORMATION (PLEASE PRINT CLEARLY)

Last Name: _____ First Name: _____ M.I. _____		
Maiden name or other name(s) previously used: _____		
Birth Date: _____ <small>(mm/dd/yyyy)</small>	Sex: _____	Eye Color: _____ Ht: _____ Racial Group: _____

HISTORY INFORMATION

1. Have you volunteered for our school district before? ____ Yes ____ No
If yes, school name: _____

2. Have you ever pled guilty, or been convicted of a felony in a State/Federal court?
____ Yes Date and State offense/conviction occurred: _____
Provide a detailed description of the conviction: _____
____ No

3. Have you ever plead guilty, or been convicted of a misdemeanor in a State or Federal court?
____ Yes Date and State offense/misdemeanor occurred: _____
Provide a detailed description of the conviction: _____
____ No

PLEASE COMPLETE BOTH SIDES

4. Are you subject of a current criminal investigation or have pending charges against you?

_____ Yes Date and State the investigation is ongoing in: _____

Provide a detailed description of the investigation or pending charges: _____

_____ No

Wayne-Westland Community School District reserves the right to “approve” or “deny” any volunteer applicant upon review of the background check returned through ICHAT. Providing false information, or information contradicting the background check information, is grounds for volunteer denial. Your signature represents acknowledgment that your statements are true and authorizes the Wayne-Westland Community School District to conduct a name based background check through ICHAT.

Volunteer Signature _____ Date _____

Please return completed form to the building administrator of the school/department you are volunteering for.

Administrator’s Signature for Approval: _____ Date: _____

Copy of Driver’s License Attached (required) _____ Yes

Concussion Certificate Received _____ Yes Certificate Date: _____

Volunteer Coaching Responsibilities given to applicant _____ Yes

Head Coaches Signature for Approval: _____ Date _____

OFFICE USE ONLY

Approved _____ Denied _____ Date of ICHAT _____

H.R. Staff Member’s Signature: _____

Name added to approved volunteers on: _____