

**VOLUNTEER BACKGROUND CHECK
Acknowledgment Form**

Nonemployment Background Checks Only

Service to provide: _____ Date to Provide Service: _____

In order to ensure the protection of children in the care of Lakewood Public School, 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 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.** 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: _____ [mm/dd/yyyy]

Lakewood Public School 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: _____

STUDENT(S) ASSOCIATED WITH: _____

TEACHER'S NAME: _____

****BACK SIDE MUST BE FILLED OUT****

*****PLEASE TURN OVER*****

Lakewood Public Schools Volunteer Code of Conduct

As a volunteer, I promise to strictly follow the rules and guidelines in this Code of Conduct as a condition of my providing services to the students of Lakewood Public Schools.

As a Volunteer, I will:

- Treat everyone with respect, integrity, dignity, and consideration.
- Make every effort to avoid situations where I am alone with a single student. If need be, do so in a public place.
- Use positive reinforcement rather than criticism, or comparison when working with students.
- Avoid using profanity in the presence of students.
- Report suspected child abuse to the administrator, or appropriate supervisor and DHS at 1-855-444-3911. I understand that failure to report suspected abuse to civil authorities is, according to the law, a misdemeanor.
- Cooperate fully in any investigation of abuse of students.

As a Volunteer, I will not:

- Smoke or use tobacco products in the presence of students on school grounds.
- Use, possess, or be under the influence of alcohol at any time while volunteering.
- Use, possess, or be under the influence of illegal drugs at any time.
- Strike, shake, slap or physically hit a student.
- Touch a child in an inappropriate manner.
- Threaten, or degrade students.

I understand that as a volunteer, working with students, I am subject to an FBI and or State of Michigan criminal background check. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer.

As a volunteer, I know that I am directly responsible to (completed by building administrator) _____

Volunteer Printed Name

Volunteer Signature Date

*Please return completed form to the building secretary to where you will be volunteering at.
Questions or concerns, please contact the building principal.*