

OAK PARK SCHOOL DISTRICT

13900 Granzon • Oak Park, MI 48237
www.oakparkschools.org

PARENT – Please complete, print & deliver to your school's office.

VOLUNTEER BACKGROUND CHECK FORM

To ensure the protection of our students, Oak Park School District (OPSD) school policy requires all potential volunteers complete an iCHAT background check, prior to providing a volunteer service at a school or for any function conducted by OPSD. Any applicant declining to complete a "Volunteer Background Check" acknowledgment form will not be considered.

I am a: Parent/Guardian Relative Community Member

Volunteering as a: _____ Building or Event: _____

Student(s) Name: _____

Relationship to Student, if not Parent/Guardian: _____

Volunteer Name: _____

Last

First

Middle

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

Address: _____ Apt # _____

City: _____ State: _____ ZIP: _____

Phone: _____ Emergency Contact Name & Phone: _____

Race: _____ DOB: _____ Male Female

HISTORY INFORMATION

- 1) Have you ever been arrested or pled guilty, no contest or been convicted of a felony? Yes No
2) Have you ever been arrested or pled guilty, no contest or been convicted of a misdemeanor? Yes No

If yes, please explain: _____

Note: A conviction will not necessarily disqualify an applicant from volunteering. The applicant need not disclose any information regarding criminal arrest or conviction records that have been expunged or sealed.

OPSD reserves the right to "approve" or "deny" any volunteer service and may, at our discretion, also require a volunteer submit to additional fingerprint testing, at their own cost. Providing false information, or information contradicting the background check information, is grounds for immediate denial.

I understand that as a volunteer I will be covered under the District's liability policy and that the District cannot provide health insurance to cover illness or injury received as a result of my volunteer service. I also agree to release the District of any obligations beyond the coverage provided by the District's liability policy.

By signing this form you acknowledge your statements are true and give full consent to complete the requested iCHAT background check.

Signature: _____ Date Signed: _____

OFFICE USE ONLY

Approved

Denied

Date Received: _____

By: _____