

Mona Shores Public Schools

Volunteer/ICHAT Form 2026-2027

**(MUST BE SUBMITTED AT LEAST TWO WEEKS PRIOR TO
EVENT IN ORDER TO ATTEND)**

Please do not attach multiple forms and Driver's Licenses together (i.e. spouses). Front side only of DL is needed.

***NAME** (as it appears on your driver's license – **please print**)

***Required fields by Michigan State Police**

First MI Last

***MAIDEN NAME/NAMES PREVIOUSLY USED** (if applicable)

First MI Last

***Birth Date** _____ ***Race** _____ ***Sex** Male ☐ Female ☐

Address _____
Street Address City ST ZIP

Email: _____ **Phone #:** _____

Children attending Mona Shores Public Schools? YES NO

Child's Name	Building Attending	Relationship

If you answered **NO** to the above question, what is your affiliation to the building? _____

I understand that the above information is required by the central records division of the Michigan State Police, Lansing, Michigan. I authorize Mona Shores Public Schools to utilize the above information for the sole purpose of obtaining a conviction only criminal history file search. I understand that it is necessary to have a background check done before I volunteer in Mona Shores Public Schools and I understand that the information submitted will remain confidential. **All results expire at the end of the school year.**

Signature of Volunteer

Date

A COPY OF YOUR DRIVER'S LICENSE MUST BE INCLUDED WITH THIS FORM (Front)

SCHOOL BUILDING OFFICE USE ONLY

School Submitting Check: CA CH LP RP MS HS MSCS

Department where volunteer will be assisting: _____

Information submitted by: _____

MSCS OFFICE USE ONLY

Date Check Completed: _____

Results of screening: _____ OK _____ NEEDS REVIEW by HR

HR COMMENTS: _____

Results posted on database: _____ Results reported to building: _____

Return this form **and** a copy of your driver's license (front) to your child's building **OR** email to wilksd@monashores.net (Mona Shores Community Services, 121 Randall Road, Norton Shores, MI 49441)