

# Mona Shores Public Schools Volunteer/ICHAT Form

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

**2019-2020**

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

\_\_\_\_\_  
*Last* *First* *MI*

**MAIDEN NAME/NAMES PREVIOUSLY USED**

\_\_\_\_\_  
*Last* *First* *MI*

**Birth Date** \_\_\_\_\_ **Race** \_\_\_\_\_ **Sex**  Male  Female

**Address** \_\_\_\_\_  
*Street Address* *City* *ST* *ZIP* *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. I understand that the information submitted will remain confidential. All results expire after one year. **Please include a copy of your driver's license along with this form.**

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

**A COPY OF YOUR DRIVER'S LICENSE MUST BE INCLUDED WITH THIS FORM**

| <b>SCHOOL BUILDING OFFICE USE ONLY</b>        |           |           |           |           |           |           |             |
|---|-----------|-----------|-----------|-----------|-----------|-----------|-------------|
| School Submitting Check:                      | <b>CA</b> | <b>CH</b> | <b>LP</b> | <b>RP</b> | <b>MS</b> | <b>HS</b> | <b>MSCS</b> |
| Department where volunteer will be assisting: | _____     |           |           |           |           |           |             |
| Information submitted by:                     | _____     |           |           |           |           |           |             |

| <b>MSCS OFFICE USE ONLY</b> |   |
|-----------------------------|---|
| 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 to your child's building OR  
Mona Shores Community Services, 121 Randall Road, Muskegon, MI 49441**