

# 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**