

Mona Shores Public Schools Volunteer/ICHAT Form 2024-2025

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

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

First *MI* *Last*

***MAIDEN NAME/NAMES PREVIOUSLY USED**

First *MI* *Last*

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

Address

Street Address *City* *ST* *ZIP* *Phone*

***Required fields by Michigan State Police**

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

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 to your child's building **OR SEND TO**
 Mona Shores Community Services, 121 Randall Road, Muskegon, MI 49441 (email wilksd@monashores.net)