

OAKLAND ACADEMY

VOLUNTEER BACKGROUND CHECK

Oakland Academy
Rev. July 17, 2018
Rev. June 1, 2023

Acknowledgement Form Nonemployment Background Checks Only

Service to provide (If chaperoning a field trip, list field trip here): _____
Date to Provide Service or Date of Field Trip: _____
Student Name: _____ Student Grade: _____ Teacher Name: _____

To ensure the protection of children in the care of Oakland Academy, school policy requires, prior to all persons providing a volunteer service at the school or for any function conducted by the school; all potential volunteers complete a State of Michigan ICHAT background check. If ICHAT, the background check is a name check only, through the State of Michigan ICHAT system, and is based on individual identifiers. Any applicant declining to complete a Volunteer Background Check Acknowledgment Form will not be considered.

Potential Volunteer Information

Please Print

Full Name: _____ Middle Name: _____ Last Name: _____
Maiden name or other name(s) previously used: _____
DOB: _____ Race: _____ Gender: _____
[mm/dd/yyyy]
Eye Color: _____ Hair Color: _____ Height: _____

History Information

- 1) Have you volunteered at Oakland Academy before?
___ Yes ___ No
- 2) Have you ever pled guilty, or convicted of a felony in a state or federal court?
___ Yes ___ No
If yes, provide date and state of offense/conviction occurred: _____
If yes, provide a detailed description of the conviction: _____
- 3) Have you ever pled guilty, or convicted of a misdemeanor in a state or federal court?
___ Yes ___ No
If yes, provide date and state of offense/misdemeanor occurred: _____
If yes, provide a detailed description of the conviction: _____
- 4) Are you the subject of a current criminal investigation or have pending charges against you?
___ Yes ___ No
If yes, provide date and state the investigation is ongoing: _____
If yes, provide a detailed description of the investigation or pending charges: _____

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Oakland Academy reserves the right to "approve" or "deny" any volunteer service upon review of the background check returned. The determination will be based upon the individual's fitness to have responsibility for the safety and wellbeing of children. Providing false information, or information contradicting to the background check information, is grounds for immediate volunteer denial.

By affixing your signature to this form, you acknowledge your statements are to be true and give full consent to complete the requested background check. **Please also provide a copy of your driver's license, state identification card, or some other form of photo identification.**

Signature: _____ Date: _____

Please return the completed form and photo identification to the School Front Office. For questions, contact Brittany Letzgus, Human Resources Specialist, letzgusb@fromthesummit.com or Emily Mitchell, Office Coordinator, mitchelle@oaklandacademy.org.

*If you have additional children, please list their names below. Thank you.

OFFICE USE ONLY

Approved	Denied	Date Determined	Determining Staff Member Signature	Determining Staff Member Title