



# Novi Community School District

## Volunteer Background Check Authorization Form

\*Non-employment background checks only\*

As a prospective volunteer of the Novi Community School District, I understand that it is the school district's policy to secure criminal history information using the Sex Offender Registry (SOR) and the Internet Criminal History Access Tool (ICHAT) and as part of its volunteer screening process. I understand that the information below is required by the Central Records Division of the Michigan State Police and I authorize the Novi Community School District to utilize the information for the sole purpose of completing a criminal history file search. A new form must be completed each school year.

**PLEASE PRINT LEGIBLY**

Volunteer Name: \_\_\_\_\_  
Last First Middle Initial

Maiden Name/Name(s) Previously Used: \_\_\_\_\_

Race:  American Indian/Alaskan Native  Asian/Pacific Islander  Black  White  Other /Unknown  
(These are ICHAT System options - please indicate your best choice)

Date of Birth: \_\_\_\_\_ Gender:  Male  Female Eye Color: \_\_\_\_\_ Height: \_\_\_\_\_

1. Have you ever pled guilty or been convicted of a felony in a state or federal court?  Yes  No  
If yes, list date, city and state offense/felony occurred: \_\_\_\_\_  
Detailed description of the offense/felony: \_\_\_\_\_

2. Have you ever pled guilty or been convicted of a misdemeanor in a state or federal court?  Yes  No  
If yes, list date, city and state offense/misdemeanor occurred: \_\_\_\_\_  
Detailed description of the offense/misdemeanor: \_\_\_\_\_

3. Do you have any charges pending against you or are you the subject of a current criminal investigation?  Yes  No If yes, list date, city and state of the charge(s): \_\_\_\_\_  
Provide a detailed description of the charge(s) or investigation: \_\_\_\_\_

Please circle all schools that you have children attending: Pre-S DF NW OH PV VO NM5 NM6 MS HS

The Novi Community School District reserves the right to approve or deny any volunteer service upon review of the background check returned through SOR and/or ICHAT. The determination will be based upon the individual's fitness to have responsibility for the safety and well-being of children. Providing false information, or information contradicting the background check information, is grounds for immediate volunteer denial.

By signing this form you declare your statements herein are true and give full consent to the Novi Community School District to complete a background check through SOR and ICHAT.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone number \_\_\_\_\_

Volunteer will be working with \_\_\_\_\_  
(name of Novi Community School District staff member/activity leader or name of the student activity)

**OFFICE USE ONLY**

Building/Department \_\_\_\_\_ School Year \_\_\_\_\_

Approved  Denied  Date \_\_\_\_\_ Initials \_\_\_\_\_