



SPARTA AREA SCHOOLS

VOLUNTEER FORM

Authorization for Criminal Background Check through the Michigan State Police ICHAT System.

**If you have students at more than one building, only one form is needed.
Fill out completely. Failure to do so will delay your ability to volunteer.**

PLEASE PRINT CLEARLY – fill out with your complete legal name (as it appears on your driver’s license)

FIRST NAME

MIDDLE NAME

LAST NAME

RACE (please circle one of the following):

White

American Indian/Alaskan Native

Asian/Pacific Islander

Black

Unknown/Other

Date of Birth: Month _____ Day _____ Year _____

GENDER: Male Female

PHONE NUMBER: _____

ADDRESS:

Street

City

Zip

If applicable, list your associated student (s) name and your relationship to student:

Student Name	Building Attending	Your Relationship to Student

I hereby give permission for Sparta Area Schools to obtain an online criminal investigation through the Michigan State Police ICHAT website. _____

Signature of Applicant (volunteer)

Date

OFFICE USE ONLY:

____ OK to Volunteer

____ Ok to Volunteer – see attached record

____ Ok to Volunteer with restrictions

____ Not Approved to Volunteer

Background Checked by: Signature

Date