



2022-2023 STCS VOLUNTEER BACKGROUND CHECK ACKNOWLEDGMENT FORM

Thank you for volunteering for Saginaw Township Community Schools. To protect the safety and welfare of students, our district requires completion of this form each school year. A subsequent background check will be completed before a person may provide volunteer services in our schools. Please complete this form and attach a copy of your photo identification PRIOR to volunteering (preferably at least one week prior to serving as a volunteer).

We appreciate your understanding and for all that you do on behalf of our children.

(This Volunteer Background Check Acknowledgment Form will be kept confidential at the Board of Education office.)

Potential Volunteer Information

Full printed name: _____ Phone #: _____

Maiden name or other name(s) previously used: _____

DOB: _____ Sex: _____ Eye color: _____ Hair color: _____ Height: _____

In what capacity will you be volunteering (i.e. in-school activity, chaperone, driver - if driving, a driver information sheet must be submitted. It can also be found at STCS.org):

History Information (this is a fillable form)

1) Have you volunteered at Saginaw Township Community Schools before? Yes No

2) Have you ever pled guilty, or been convicted of a felony in a state or federal court? Yes No

If yes, provide a detailed description of the conviction(s): _____

Date and state where offense/conviction(s) occurred: _____

3) Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court? Yes No

If yes, provide a detailed description of the conviction(s): _____

Date and state where offense/conviction(s) occurred: _____

4) Are you the subject of a current criminal investigation or have charges pending against you? Yes No

If yes, provide a description of the investigation/alleged offense(s): _____

Date and state where alleged offense(s) occurred: _____

Please ATTACH a photocopy of your Michigan driver's license **or** Picture state identification

NOTE: A check of a volunteer's criminal history will be made to verify the responses to the above questions for the sole purpose of ensuring the safety of our students, staff and visitors. No applicant will be denied volunteer status solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense will be considered.

I give Saginaw Township Community Schools permission to check my criminal history with the Michigan State Police.

Signature

Date

Please return this form to:

Saginaw Township Community Schools/ Board of Education Office
3465 N. Center Road
PO Box 6278
Saginaw MI 48608