



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 Internet Criminal History Access Tool (ICHAT), the Offender Tracking Information System (OTIS), and the Sex Offender Registry (SOR) 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

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: EC 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 ICHAT, OTIS or SOR. 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 ICHAT, OTIS and SOR.

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 _____