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: KATO (Last) KANAE (First) _____ (Middle Initial)

Maiden Name/Name(s) Previously Used: Strobel KANAE

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: 7-27-1978 Gender: ☐ Male ☒ Female Eye Color: Black Height: 5"4

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.

Kanae Kato (Signature) 10-10-2017 (Date) 248-417-4260 (Phone number)

Volunteer will be working with Ms. Grebinski. Novi Middle School
(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 _____

rev. 04/24/14