

VOLUNTEER BACKGROUND CHECK

Requirement

There is no requirement for a fingerprint background check or for conducting a fee-waived Internet Criminal History Access Tool (ICHAT) check on prospective volunteers solicited for the purpose of providing care, instruction, or supervision per the request of a NCJA. The use of either is per the discretion of the individual NCJA and for an individual that has, or may have, *unsupervised access* to a vulnerable population.

- National Child Protection Act (NCPA) – A NCJA may complete a Child Protection Volunteer (CPV) background check on a prospective volunteer. This is available to qualified entities and provides a state and federal fingerprint background check.
- Fee waived ICHAT – Is a state only check, based on identifiers, and can be provided free of charge for a *nonprofit organization or school*. A signature to conduct an ICHAT is not required.

A NCJA taking advantage of these additional resources is subject to audit by the Michigan State Police and will be required to provide certain supporting documentation (position description) of why the agency conducted a NCPA fingerprint or an ICHAT check on a volunteer. Please contact our Criminal History help desk for additional questions or concerns, (517) 241-0606.

Purpose

This sample document was the result of an overwhelming request for guidance by NCJA. The purpose of this document is to give your agency a sample tool for good representation of supporting documentation “Position Description” for audit purpose. Your agency is in no way obligated to use this template.

Position Description – Is documentation which indicates the check completed was for an authorized purpose.

Instructions

The Volunteer Background Check Acknowledgement Form is provided in a Word format. This template may be used for either a fingerprint or name based background check. Once the form is completed, the completed form is to be maintained by the agency for a minimum of one year if used for fingerprinting, or a minimum of six months for ICHAT.

[AGENCY NAME] field: Every place this field is present; the name of the agency providing the determination is to be inserted.

Rev. [Date]: Is the date your agency started using the form and any subsequent dates as the result of changes to the form made by your agency.

[Agency Name & Contact Info]: Is the name of your agency and preferred method of form return to your agency.

[Personnel & Method of Preferred Contact]: Is the name of title of the agency personnel collecting the completed form and any additional means of contact (for questions) for this person.

[Fingerprint or State of Michigan ICHAT]: Is the agency's preferred use of the form for the individual completing the form. Your agency is choosing and inserts either "fingerprint" or "State of Michigan ICHAT."

Example: In order to ensure the protection of children in the care of Michigan Public School, school policy requires, prior to any and all persons providing a volunteer service at the school or for any function conducted by the school; all potential volunteers complete a *fingerprint* background check.

The following (bolded) statement is left alone if the agency is choosing "State of Michigan ICHAT."

If ICHAT, the background check is a name check only, through the State of Michigan ICHAT system, and is based on individual identifiers.

If "fingerprint" option is chosen, the agency is to delete the statement.

OFFICE USE ONLY

The "Office Use Only" area is the suggested fields for your agency to complete the determination process and is per individual agency discretion. Your agency would select either "Approved" or "Denied." **[mm/**

dd/yy]: Is the date your agency made the determination to approve or deny.

[Initials]: Is the initials of the agency personnel that made the determination for placement.

NCJA means – A governmental agency authorized by federal statute, executive order, or state statute and approved by the U.S. Attorney General to be able to receive state and federal fingerprint based CHRI, directly or indirectly from the Michigan State Police (MSP). Examples of services include, but are not limited to, employment suitability, licensing determinations, immigration and naturalization matters, and national security clearances.

Christ the King Lutheran School

Volunteer Background Check Acknowledgment Form

Nonemployment Background Checks Only

Service to provide: _____ Date to Provide Service: _____

In order to ensure the protection of children in the care of Christ the King Lutheran School, school policy requires, prior to any and all persons providing a volunteer service at the school or for any function conducted by the school; all potential volunteers complete a ICHAT background check. The background check is a name check only, through the State of Michigan ICHAT system, and is based on individual identifiers. Any applicant declining to complete a "Volunteer Background Check" acknowledgment form will not be considered.

POTENTIAL VOLUNTEER INFORMATION

Full Printed Name: _____

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

DOB: _____ Sex: _____ Eye Color: _____ Hair Color: _____ Height: _____
[mm/dd/yyyy]

HISTORY INFORMATION

1) Have you volunteered at Christ the King Lutheran School before? Yes No

2) Have you ever pled guilty, or been convicted of a felony in a state or federal court?

Yes No

Date and state offense/conviction occurred: _____

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

3) Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court?

Yes No

Date and state offense/misdemeanor occurred: _____

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

4) Are you the subject of a current criminal investigation or have pending charges against you?

Yes No

Date and state the investigation is ongoing: _____

If yes, provide a detailed description of the investigation or pending charges: _____

Christ the King Lutheran School reserves the right to “approve” or “deny” any volunteer service upon review of the background check returned. The determination will be based upon the individual’s fitness to have responsibility for the safety and wellbeing of children. Providing false information, or information contradicting to the background check information, is grounds for immediate volunteer denial.

By affixing your signature to this form you acknowledge your statements are to be true and give full consent to complete the requested background check.

Signature: _____
Date Signed: _____

Please return completed form to David Kaiser at Christ the King Lutheran School in Sebewaing, MI. Questions or concerns, please contact David Kaiser at 989-577-9432.

OFFICE USE ONLY

Approved	Denied	Date Approved/Denied [mm/dd/yy]	Determining Staff Member [Initials]
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