

In order to ensure the protection of children in the care of the Livingston Educational Service Agency, 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 or State of Michigan ICHAT background check. ***Any applicant declining to complete a "Background Check Acknowledgment Form" will not be considered.***

### PERSONAL INFORMATION

Full Printed Name: \_\_\_\_\_

Maiden name or other name(s) previously used: \_\_\_\_\_

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

Date and / or Duration of Scheduled Assignment: \_\_\_\_\_

### CRIMINAL HISTORY INFORMATION

1) Have you previously requested a student teaching / intern assignment at the Livingston Educational Service Agency?

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: \_\_\_\_\_

# BACKGROUND CHECK ACKNOWLEDGMENT FORM *(cont'd)*

The Livingston Educational Service Agency 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.

**Electronic Signature Agreement:** By selecting the "I Accept" button, you are signing this document electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this document. You further agree that your signature on this document is as valid as if you signed the document in writing.

I Accept.

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_  
[mm/dd/yyyy]

Questions or concerns, please contact:

Mandy Rutzel  
Human Resources  
MandyRutzel@LivingstonESA.org