

## VOLUNTEER ASSESSMENT FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_  

Last
First
Middle Initial
Other (Nickname, Surname, Maiden Name, etc.)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  

Month
Day
Year

Address: \_\_\_\_\_  

Street Address
  
 \_\_\_\_\_  

City
State
Zip

Phone: \_\_\_\_\_

Children attending Grand Haven Area Public Schools?  YES  NO

- Race:
- Caucasian
  - African American
  - Asian or Pacific Islander
  - American Indian or Alaskan Native
  - Hispanic
  - Unknown/Other \_\_\_\_\_

Child's Name	Building Attending	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is your affiliation/reason for volunteering in the building? \_\_\_\_\_  
 \_\_\_\_\_

I understand that it is necessary to have a Michigan State Police background check done before I volunteer in Grand Haven Area Public Schools. I understand that the information submitted will remain confidential. I agree to allow district-designated personnel from Grand Haven Area Public Schools to submit the above information to the Michigan State Police ICHAT (Internet Criminal History Access Tool) for review.

\_\_\_\_\_  
Signature of Volunteer

**~ FOR OFFICE ONLY ~**

School Submitting Check:    F    G    LH    MAW    PP    ROB    ROSY  
   LSMS    WPMS    GHHS    CENTRAL HS    ESC

Date Check Completed: \_\_\_\_\_

Results of Check:    N    Y

If YES (record found), what is final disposition/comments: \_\_\_\_\_  
 \_\_\_\_\_

Information Submitted by: \_\_\_\_\_

Grand Haven Area Public Schools do not discriminate on the basis of race, color, religion, sex, national origin, age, height, weight, marital status, handicap, disability, or limited English proficiency in any of its programs or activities. The following office is designated to handle inquiries regarding the nondiscrimination policies: Assistant Superintendent of Human Services, Grand Haven Area Public Schools, 1413 Beechtree Street, Grand Haven, MI 49417 616.850.5085