

Renewal  Date \_\_\_\_\_ (Last date checked)  
 New

# VOLUNTEER ASSESSMENT FORM

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

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  Male  Female  
Month Day Year

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

Address: \_\_\_\_\_  
Street Address  
 \_\_\_\_\_  
City State Zip

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

Children attending Grand Haven Area Public Schools? \_\_\_ YES \_\_\_ NO

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 NORA ATHLETICS TRANSPORTING STUDENTS

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, 1415 Beechtree Street, Grand Haven, MI 49417 616.850.5085