



VOLUNTEER ASSESSMENT FORM

Date: _____

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

Date of Birth: ____ / ____ / ____
Month Day Year Male Female

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you answered NO to the above question, 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, 1415 Beechtree Street, Grand Haven, MI 49417 616.850.5085