

**VOLUNTEER BACKGROUND CHECK**  
**Acknowledgment Form**

\*Nonemployment Background Checks Only\*

Service to provide: LITERACY TUTORING Date to Provide Service: \_\_\_\_\_

In order to ensure the protection of the students we serve, organizational policy requires, prior to beginning a new tutoring relationship all potential volunteer tutors complete a State of Michigan ICHAT background check. 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: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_  
DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_  
[mm/dd/yyyy]

**HISTORY INFORMATION**

- 1) Have you volunteered at Oakland Literacy Council 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: \_\_\_\_\_  
\_\_\_\_\_

Oakland Literacy Council 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 our students. 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 the Oakland Literacy Council office. Questions or concerns, please contact Lisa Machesky, executive director at [lisa.m@oaklandliteracy.com](mailto:lisa.m@oaklandliteracy.com).

OFFICE USE ONLY

Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Date Approved/Denied [mm/dd/yy]	Determining Staff Member [Initials]
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