

Background Check Policy

Per L'Anse Creuse High School Marching Lancers Band Boosters policy, and state camp compliance requirements, all volunteers *and* visitors to camp must have a completed background check, which includes the iChat and DHS Central Registry Clearances. A copy of a valid driver's license or state ID must be included with the CRC clearance form. You also must include your social security number on the CRC form, or the state will not process it.

Both background checks must be completed annually, regardless of employment status, government employee or district employee.

Camp Coordinator will keep confidential files of all completed background checks and the results.

In addition, all camp volunteers and staff working and staying on site will need to complete a personnel record form, medical form, and the endorsement form. Please direct all questions regarding this to Amanda Ledbetter.

DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

(Revised 11-22a)

<p>COPY PHOTO ID HERE</p> <p>OR</p> <p>ATTACH A SEPARATE PAGE</p>
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SECTION 1 – INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared	Date
Maiden Name, Aliases, also known as (A.K.A)	Social Security Number	Date of Birth
Address	City	State Zip Code
Phone Number	Email	
<input type="checkbox"/> I am completing this for myself.		
<input type="checkbox"/> I would like to pick up my results in	County (For Michigan Residents Only).	

SECTION 2 – REQUESTER INFORMATION

Check Appropriate Box

Employer

Volunteer Agency

Adoption/Foster Care Home Screening

Court/Law Enforcement/Department of Corrections/Prosecuting Attorney

Child Caring Institution

Other

Name of Agency or Organization	Name of Requester		
L'Anse Creuse High School Band Camp	Amanda R Ledbetter		
Address	City	State	Zip Code
35674 Shook Ln	Clinton Twp.	MI	48035
Email	Fax	Phone Number	
aledbetterdfh@gmail.com		586.707.0147	

Effective November 1, 2022, only confirmed cases of methamphetamine production, confirmed serious abuse or neglect, confirmed sexual abuse, or confirmed sexual exploitation will be classified as a central registry case in Michigan. Individuals may have child welfare history that previously resulted in central

VOLUNTEER REGULATIONS

PLEASE FILL OUT ONE FORM PER BUILDING

Name of School:

Name of Student:

Teacher

Grade

1. A volunteer is a person from the community who is approved by the Athletic Director or Principal at that building, where his/her services are utilized.
2. Volunteers can be assigned to assist the school district staff in providing instructional training to students.
3. Volunteers cannot be assigned to relieve staff of their responsibilities.
4. Volunteers shall work only under direct supervision of the designated staff, principal, assistant principal or building athletic director.
5. Volunteers must abide by and enforce all school & team regulations and decisions regardless of whether or not they personally support them.
6. Volunteers are not authorized to make personnel decisions, cuts, etc.
7. Volunteers are not to deal directly with parent concerns, and should refer all contacts by parents to the head coach, principal or assistant principal.
8. Volunteers shall not receive remuneration in any form for their services.
9. Only authorized volunteers are covered by school district liability insurance.
10. Volunteers shall not treat injuries, *except emergency first aid*, or prescribe rehabilitation programs.
11. A volunteer is personally responsible for his/her actions. Inappropriate conduct may result in the individual being asked to discontinue his/her relationship with the program.
12. A volunteer shall not drive a personal vehicle to transport students. If an exception is necessary, prior approval of the principal/athletic director is required.
13. A volunteer shall not discipline children.
14. A volunteer shall not have access to student records.
15. A volunteer shall wear identification at all times during volunteer activity.

This information is required for the Michigan State Police Internet Criminal History Access Tool and will not be used for any other purpose.

VOLUNTEER NAME (please print clearly): _____
Last, First Middle Int.

Race: _____ M___ / F___ Birth date: ___ / ___ / _____

Have you ever been convicted of a misdemeanor or felony offense: _____ If yes, explain: _____

I certify that the answers given here are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application to volunteer, including conducting a criminal history check. I further understand and agree that I have an obligation to immediately notify the building administrator and/or a school official of any changes in the information provided herein. I hereby release and forever discharge L'Anse Creuse Public Schools, its agents, officers and employees from any and all actions, causes, claims and demands, for, upon or by reason of any damage, loss or injury, which may be sustained by me, of any nature or kind as a result of this application, the criminal history check, or my activities as a volunteer.

Signature _____ **Date** _____

Character References

Please obtain the signatures of 3 character references that can endorse you as a volunteer or staff member at band camp. This is in place of providing a list of references that must be contacted by a member of leadership. The signatures can be given by anyone that is not a relative. ie: a friend, neighbor or colleague.

I (print endorsers name) _____ certify and endorse that (print volunteer name) _____ is of suitable character to participate in volunteering and/or working at L'Anse Creuse High School Band Camp
Signature _____ Date _____ 20__

I (print endorsers name) _____ certify and endorse that (print volunteer name) _____ is of suitable character to participate in volunteering and/or working at L'Anse Creuse High School Band Camp
Signature _____ Date _____ 20__

I (print endorsers name) _____ certify and endorse that (print volunteer name) _____ is of suitable character to participate in volunteering and/or working at L'Anse Creuse High School Band Camp
Signature _____ Date _____ 20__

STAFF HEALTH HISTORY RECORD

STAFF INFORMATION:

Name (last, first, m.i.) Sex

Address (number and street)

City State Zip Code Date of Birth Phone Number

PERSONAL PHYSICIAN'S NAME:

Name Phone Number

Address City State Zip Code

List any allergies you have: _____

List any health problems you have, including current infectious diseases:

List physical limitations, if any: _____

List any medication you take regularly:

I certify that this information is true to the best of my knowledge.

X _____