



Anyone wishing to volunteer in Crown of Life Preschool, or in any of our children's ministries, is required to complete the following risk management form, before attending any preschool or ministry event. By filling out this form in its entirety, you are giving Crown of Life Lutheran Church and Preschool permission to run a background check on you.

A Crown of Life employee representative will perform an I-CHAT (Internet Criminal History Access Tool) background check on you, as well as check the Public Sex Offender Registry (PSOR). The results of this confidential check will only be shared with the ministry supervisor/preschool director, alerting him/her of any areas of concern. The ministry supervisor/preschool director will decide if you are permitted or not permitted to volunteer in the desired preschool and/or ministry area(s). You will be notified of any denials. Questions may be directed to the Preschool Director, Allison Piasecki via apiasecki@crownoflifechurch.org.

ALL FIELDS ARE REQUIRED AND MUST BE COMPLETED IN THEIR ENTIRETY

First name (full legal name) _____

Middle name (full legal name) _____

Last name (full legal name) _____

Maiden or other name (full legal name) _____

Birthdate (mm/dd/year) _____ Gender ☐ Male ☐ Female

Race (chose from appropriate responses listed by the Michigan State I-CHAT checklist...

☐ Black ☐ Asian or Pacific Islander ☐ Alaskan Native

☐ Caucasian ☐ American Native

☐ Other (please identify) _____

The following are also REQUIRED by the State of Michigan...

Driver's License #: _____ State _____

Social Security #: ____ - ____ - ____

Best Phone # to Reach you is (____) _____ Alt. # is (____) _____

In case of Emergency while volunteering, contact _____

At the following phone number (____) _____.

My current address: _____

_____ How long? _____

My previous address: _____

_____ How long? _____

Email address: _____

Have you ever been convicted of, plead guilty to a felony? ☐ No ☐ Yes or other (please explain)

Ministry in which you wish to volunteer (preschool, VBS, Sunday School, etc.)

Do you have a child in our preschool? ☐ Yes ☐ No

Child(ren)'s Name(s): _____

Teacher's Name(s)/grade(s): _____

I give permission for Crown of Life Church and Preschool to perform an I-CHAT background check on me and check the PSOR prior to my volunteer participation in any children's ministry, including the preschool.

Signature: _____ Date: _____