



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](mailto: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: \_\_\_\_\_