



**ROCHESTER COMMUNITY SCHOOLS  
VOLUNTEER GUIDELINES AND ICHAT AUTHORIZATION FORM  
2018-2019**

**Volunteer Guidelines**

Volunteers to the Rochester Community Schools may be used on a temporary basis to give support to a classroom or program. Volunteers are appreciated but should not be a distraction to the school environment. The following guidelines are to be used as volunteers are assigned to classrooms or programs:

- If a volunteer will be with students for a significant length of time **without a RCS employee being present**, or will be with students on **a regular basis**, that volunteer will be required to have a Michigan State Police Internet Criminal History Access Tool (ICHAT) screening annually. The results of this ICHAT criminal background check will remain confidential and will only be used by School District administration to determine if you have been convicted of an offense that would otherwise prohibit you from working in our schools.
- Please only complete **one form per school year**. ICHATs must be run every school year.
- You **MUST** attach a copy of your Driver's License or State ID with this form in order for it to be processed.

**ICHAT AUTHORIZATION -**

**PLEASE PRINT CLEARLY** \* = Required Field

*Please return this form to your building secretary and/or appropriate department for review.*

\*Teacher's Name: \_\_\_\_\_ \*School Building(s): \_\_\_\_\_

\*Student(s) Name(s): \_\_\_\_\_

**Volunteer Information**

\*Full Legal First Name: \_\_\_\_\_ \*Legal Last Name: \_\_\_\_\_ \*MI: \_\_\_\_\_

\*Other First Name: \_\_\_\_\_ \*Maiden/Other Last Name: \_\_\_\_\_ \*MI: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

\*Race: Indicate best option per ICHAT system choices:  Check one

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black
- White
- Unknown/Other

\*Gender: Male  Female

\*Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

\*Reason for Background Check:  Check all that apply

- |   |   |
|---|---|
| <input type="radio"/> Band Boosters           | <input type="radio"/> Enrichment/BASES Program: * _____           |
| <input type="radio"/> Classroom Volunteer     | <input type="radio"/> Field Trip Chaperone - *Date of Trip: _____ |
| <input type="radio"/> Camp Chaperone          | <input type="radio"/> Summer Music Theatre                        |
| <input type="radio"/> Club Sponsor: * _____   | <input type="radio"/> Other: _____                                |
| <input type="radio"/> College Field Placement | <input type="radio"/> Other: _____                                |

**\*\*\* VOLUNTEER / ASSISTANT COACHES AND ANY OVERNIGHT CAMP REQUIRE FINGERPRINTING \*\*\***

My signature below is representative of my approval for the Rochester Community Schools Human Resources Department to conduct a criminal background check against my records using the Michigan State Police ICHAT system.

\*Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(No electronic signatures will be accepted.)*

*(For Office Use Only)*

**BUILDING SECRETARY:** To avoid running duplicate background checks and accruing additional fees, please initial here that you have reviewed this form and have checked the master list before sending to Central Office: \_\_\_\_\_

Approved Date: \_\_\_\_\_

Not Approved Date: \_\_\_\_\_