



501 W. University Drive • Rochester, Michigan • 48307 • Phone: 248.726.3000 • Fax: 248.726.3105

Volunteer – Overnight Chaperone

Date: _____

First Name: _____

Last Name: _____

Email: _____

Phone: _____

School: _____

Teacher: _____

Activity: _____

Date of Activity: _____

I am a:

New volunteer and have never had been printed:

- Complete this form
- **Complete the *Michigan Waiver Agreement and Statement for Schools***
 - **Must be dated on or prior to the date fingerprinted**
- Complete the *LIVESCAN Fingerprint Background Check Request* – **BRING WITH YOU TO GET PRINTED!**
 - Will be printed under SV – School Volunteer
- **Return all completed forms to Human Resources**

New volunteer and I am a current volunteer in another K-12 district (with fingerprints):

- Complete this form
- Complete the *ICHAT Authorization Form*
- Complete the *Release of Information Form* *
 - This form allows us to request SV prints from another district
- Return all completed forms to Human Resources

* The Release of Information Form is currently under Administrative review. Please contact Christina Whitmore at 248-726-3085 with questions.

New volunteer and I am a current employee/contract employee for Rochester Community Schools:

- Complete and submit this form

Returning volunteer: Must be active from the previous school year and had completed background check as listed above.

- Complete the *ICHAT Authorization Form*
- Return all completed forms to Human Resources

Human Resource Department
501 W. University
Rochester, MI 48307

9000 – AR District Volunteers

DISTRICT VOLUNTEERS

Volunteers to Rochester Community Schools are a welcome addition to our school community.

For occasional volunteers, working in the building once or twice per year under the direct supervision of teachers or staff members, the building principal will provide building-specific information about volunteering.

For volunteers who are in the building on a regular or continuous basis, which will involve supervision of, and/or significant interaction with students or any volunteer who chaperones students on off-site trips must follow the following process:

- The volunteer will complete the Volunteer/ICHAT Authorization Form (Attachment A) and submit a copy of their driver's license/State ID.
- The building principal will submit this information to the Department of Human Resources for processing. Once the Criminal History Screening is completed, the building principal will be notified that the volunteer may begin volunteering in the school.

All volunteer chaperones for overnight field trip as well as volunteer coaches must have a Criminal Background Check in addition to the Criminal History Screening; this added check requires fingerprinting.

- The building principal or teacher must contact the Department of Human Resources with names of all prospective overnight volunteer chaperones when planning an overnight field trip so that the appropriate arrangements may be made in advance of the trip for fingerprinting to be completed and the full Criminal Background Check information to be received and reviewed.
- In the case of volunteer coaches, the school's athletic director should contact the Department of Human Resources prior to the start of the season with the names of all prospective volunteer coaches. The full Criminal Background Check information must be received and reviewed prior to a volunteer coach participating in the sport.

All information from the Criminal History Screening, and where conducted, Background Check is kept confidential, and is not shared with the building. If questions arise, the volunteer will be contacted by the Department of Human Resources.

In most cases, Volunteer/ICHAT forms need only be completed once each year. However, the District does reserve the right to request that an updated screening be completed.

The District requires that a new Volunteer/ICHAT form be completed each year that the volunteer works/chaperones in the district on a regular or continual basis.

In the case of a volunteer who a volunteer coach or overnight chaperone, if a full Criminal Background Check, including fingerprints was required, each year thereafter, a Volunteer/ICHAT form must be completed prior to volunteering or chaperoning and the ICHAT criminal history record will be reviewed.

MICHIGAN WAIVER AGREEMENT AND STATEMENT FOR SCHOOLS

An Individual Applicant's Request for a Fingerprint-Based Criminal History Record Information (CHRI) Background Check Result for a Qualified Entity in Accordance with the Michigan School Volunteer & Employee Criminal History Program

Pursuant to the National Child Protection Act (NCPA) of 1993, as amended by the Volunteers for Children Act (VCA), this form should be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by a qualified entity (i.e. school or management company) under these laws.

I hereby authorize (**enter name of Qualified Entity**) Rochester Community Schools, to receive the results of my state and federal fingerprint-based CHRI background check result for the purpose of evaluating and determining my fitness to have responsibility for the safety and well-being of children or individuals with disabilities. Prior to submitting my fingerprints to the Michigan State Police to conduct a CHRI background check, I will complete, sign, and return this form and a Livescan Fingerprint Background Check Request form (RI-030). I understand the Qualified Entity will retain all required documentation for a period of time no less than prescribed by state or federal laws. By signing this Michigan Waiver Agreement and Statement, it is my intent to authorize the dissemination of any state and national CHRI that may pertain to me to the Qualified Entity with which I am, or am seeking to be, employed or to serve as a volunteer, pursuant to the NCPA VCA.

I understand that until the criminal history background check is completed, the Qualified Entity may choose to deny me unsupervised access to children or individuals with disabilities. I further understand that upon request the Qualified Entity will provide me a copy of the CHRI background results, if any, and that I am entitled to challenge the accuracy and completeness of any information contained in such results. I may obtain a prompt determination as to the validity of my challenge before the Qualified Entity makes a final decision about my status; as an employee, volunteer, contractor, or subcontractor.

Printed/Typed Name		Date of Birth	
Address	City	State	ZIP Code
What is your current or prospective status (check one)? <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor/Vendor			
Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide a description of the crime and the particulars of the conviction.			
I understand that I may be asked to assist with obtaining any and all official disposition documentation regarding my conviction.			
If you are an employee, prospective employee, or a volunteer of a public school academy, do you authorize release of your CHRI results to another qualified entity (i.e. school or management company) for a like purpose? If yes, indicate the name of the other qualified entity below. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Other Qualified Entity			
Signature		Date Signed	

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY

LIVESCAN FINGERPRINT BACKGROUND CHECK REQUEST

AUTHORITY: MCL 28.162, MCL 28.214, MCL 28.248, & MCL 28.273

COMPLIANCE: Voluntary. However, failure to complete this form will result in denial of request.

Purpose: To conduct a civil fingerprint-based background check for employment, to volunteer, or for licensing purposes as authorized by law.

Instructions: See page two.

I. Authorizing Information:							
1. Fingerprint Code SV		2. Requestor/Agency ID 1664T		3. Agency Name Rochester Community Sch		4. Individual ID (optional)	
II. Applicant Information: Type or clearly print answers in all fields before going to be fingerprinted.							
1a. Last Name			1b. First Name			1c. Middle Initial	1d. Suffix
2. Any Alternative Names, Last Names, or Aliases					3. Social Security Number (Optional)		
4. Place of Birth (State or Country)		5. Date of Birth	6. Phone Number		7. Driver's License / State ID Number		8. Issuing State
9. Home Address			10. City			11. State	12. ZIP Code
13. Sex	14. Race		15. Height	16. Weight	17. Eye Color	18. Hair Color	
III. Livescan Information:							
1. Date Printed		2. Picture ID Type Presented		3. Transaction Control Number (TCN)		4. Livescan Operator*	
IV. Consent							
<p>I understand that my personal information, and biometric data being submitted by Livescan, will be used to search against identification records from both the Michigan State Police (MSP) and the Federal Bureau of Investigation (FBI) for the purpose listed above. I hereby authorize the release of my personal information for such purposes and release of any records found to the authorized requesting agency listed above.</p> <p>During the processing of this application, and for as long as my fingerprints and associated information/biometrics are retained at the State and/or FBI, they may be disclosed without my consent as permitted by MCL 28.248 and the Privacy Act of 1974, 5 USC § 552a, for all applicable routine uses published by the FBI, including the Federal Register and for the routine uses for the FBI's Next Generation Identification.</p> <p>Routine use includes, but is not limited to, disclosure to: governmental or authorized nongovernmental agencies responsible for employment, contracting, licensing, security clearances, and other suitable determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.</p>							
Signature				Date			
_____				_____			

Procedure to obtain a change, correction, or update of identification records:

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections, or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

(28 CFR § 16.34)

INSTRUCTIONS

Section I.

Authorizing Information:

This section is to be completed by the agency authorized to request civil fingerprint-based background checks.

1. Fingerprint Code:

The fingerprint code identifies the authorizing purpose in law allowing the agency to request the civil fingerprint-based background check. For example, School Employment (SE), Child Protection Volunteer (CPV), Health Care employment (HC).

2. Requesting Agency Identification (ID):

The requesting agency ID is assigned to your agency by the MSP. No request for fingerprinting can be completed without an agency ID. Please ensure the correct fingerprinting reason code and agency identification is used. The MSP will charge for second requests due to incorrect codes.

3. Agency Name:

The agency name is the legal name of the authorized agency. For schools specifically, the agency name is the name recognized by the Michigan Department of Education.

4. Individual ID (optional)

Is a unique identifier specific to the individual requested to submit fingerprints. An ID such as a state issued licensing number, a Personnel Identification Code (PIC) number, or other similar uniquely issued identifier/number.

Section II.

Applicant Information:

This section can be completed by the authorized agency, the individual, or as a joint effort by both. Section II specifically pertains to the demographic information needed in order to obtain the biometric data of the applicant and is a unique identifier specific to the applicant.

Section III.

Livescan Information:

This section is required to be completed by the Livescan vendor operator. Must be completed by the Livescan operator at the time of fingerprinting. After fingerprinting, the applicant shall return this signed and completed document to the requesting agency. The Livescan operator must return a completed copy of the form to the applicant.

***Livescan Operator** – when an individual ID is provided, please enter the ID into the Miscellaneous Number (MNU) field on the Livescan device. Select OA - Originating Agency Identifier and then enter the unique identifier in the Identification Code field.

FINGERPRINT REQUIREMENT DIRECTIONS:

All employees/contractors of the Rochester School District **must be fingerprinted** prior to their first day of employment/involvement. If you are currently working for another K-12 Michigan School please complete FORM #2 so we may request a copy. Note: If we are unable to obtain your criminal history report or fingerprints from your previous employer, you will be notified that fingerprinting is required.

1. **Determine where you want to be fingerprinted.**
 - a. There is a difference in cost, location and availability.
 - b. If an appointment is necessary, be sure you make this arrangement.
2. **Complete the correct form and take it with you to your appointment.**
 - a. The LIVESCAN FINGERPRINT REQUEST form should be used for all fingerprinting at L-1 Identity Solutions facility, Oakland County Sheriff’s Headquarters and Oakland Schools
3. **Obtain a copy of the completed Live Scan Form confirming you have been fingerprinted.**
 - a. **PRESENT A COPY OF THE COMPLETED LIVE SCAN FORM TO THE HUMAN RESOURCES DEPARTMENT.** You may not start work in the district without evidence that you have met this State of Michigan requirement.

CONVENIENT FINGERPRINTING OPTIONS

**There are three options provided below for getting fingerprinted.
Feel free to use whichever one best fits your needs.**

Location & Web Site	Hours of Operation	Fee & Form Required	Form of Payment Accepted	Appt. necessary	Phone Number
Oakland Schools <u>Summit Campus:</u> 2214 Mall Drive East Waterford, 48328 (see directions) On-Line Reservation for Appointments: www.osfingerprint.com	Check Website for dates/times available	\$68.00 - OAKLAND SCHOOLS Form	Pre-Pay Only VISA/Master card, (Money Order by special arrangement) NO CASH or PERSONAL CHECKS	Yes On-Line Reservations Only & pre-pay	248-209-2370
Oakland County Sheriff’s Office in Oakland County Complex - Pontiac (see directions)	Monday - Friday 8:00 a.m. to 4:30 p.m.	\$57.00 – LIVESCAN Form	CASH ONLY	No	248-858-5011
Morphotrust USA (Multiple locations) www.identogo.com	Monday - Friday Hours vary by location.	\$64.50 – LIVESCAN Form	Personal Check or Money order – NO CASH	Yes	1-866-226-2952