



ROCHESTER COMMUNITY SCHOOLS VOLUNTEER GUIDELINES AND ICHAT AUTHORIZATION FORM

Revised 4/14/2021

July 1, 2021 - June 30, 2022

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 will only be processed within 30 days of the first event listed below.

- Instructions:**
1. Print clearly and complete all required fields of the ICHAT form.
 2. You must attach a copy of your Driver's License or State ID with this form in order for it to be processed.
 3. Forms must include the **reason for the background check and date**.
 4. Please return this form to your building secretary or appropriate department for review.

ICHAT AUTHORIZATION – Please Print Clearly * = Required Field

Volunteer Information

*Full Legal First Name: _____ *Legal Last Name: _____ *MI: _____

*Other First Name: _____ *Maiden/Other Last Name: _____ *MI: _____

Phone Number: _____ Current Email Address: _____

I am a current Rochester Community Schools employee/contracted employee at _____

*Student Name(s) 1 _____ 2 _____ 3 _____

*Teacher(s) _____ *School Building(s) _____

*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 and Date for Background Check Check all that apply **Forms without a date will not be processed***

- | | | | |
|---|------------|--|------------|
| <input type="radio"/> Classroom Volunteer | Date _____ | <input type="radio"/> Summer Music Theatre | Date _____ |
| <input type="radio"/> Field Trip Chaperone | Date _____ | <input type="radio"/> Enrichment/BASES * | Date _____ |
| <input type="radio"/> Band Boosters | Date _____ | <input type="radio"/> Other * | Date _____ |
| <input type="radio"/> Club Sponsor * | Date _____ | <input type="radio"/> Returning Volunteer Coach with active fingerprints | |
| <input type="radio"/> College Field Placement | Date _____ | <input type="radio"/> Returning Overnight Chaperone with active fingerprints | |

***** VOLUNTEER COACHES AND ANY OVERNIGHT CHAPERONES REQUIRE FINGERPRINTING *****

My signature below is representative of my approval for the Rochester Community Schools Human Resource 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 volunteer list before sending to Central Office: _____

Approved Date: _____ Not Approved Date: _____