

Teacher Name: _____ Field Trip Date: _____



TROY SCHOOL DISTRICT

VOLUNTEER GUIDELINES & ICHAT AUTHORIZATION FORM

The Troy School District values those who volunteer in our classrooms and schools. If a volunteer will be with students for a significant length of time without a TSD employee being present, or will be with students on a regular basis, that volunteer is required to have a Michigan State Police Internet Criminal History Access Tool (I-CHAT) screening annually. All results will remain confidential and will only be used by the TSD administration to determine if you have been convicted of an offense that would otherwise prohibit you from working in our schools.

****PLEASE PRINT CLEARLY AND DO NOT USE NICKNAMES****

ONLY ONE PERSON PER FORM, ONE LICENSE PER SHEET

**YOU MUST ATTACH A COPY OF YOUR DRIVER'S LICENSE WITH THE FORM TO BE PROCESSED
NAME AND DATE OF BIRTH MUST BE LEGIBLE (Please return this form to your child's school office.)**

ALL TSD STUDENT NAME(S): _____

School Building(s) _____ School Year _____

Parent Legal Last Name _____ Parent Legal First Name _____

Previous/Maiden Last Name _____ Phone Number _____

Parent Email Address _____

RACE (Required): Indicate best option. √ *Check one*

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

GENDER (Required): Male Female

BIRTH DATE (Required): _____/_____/_____
Mo Day Year

Reason for Background Check: √ *Check all that apply*

- Classroom Volunteer
- Camp Chaperone
- Volunteer Coach/Assistant Coach
- Clinic
- Other
- Field Trip Chaperone
- Band/Orchestra
- Media Center
- Student Teacher

My signature below is representative of my approval for the Troy School District Employee Services Department to conduct a criminal background check against my records using the Michigan State Police ICHAT system.

Applicant Signature _____ Date _____