ROCHESTER COMMUNITY SCHOOLS
PRIDE IN EXCELLENCE

52585 Dequindre Road • Rochester, Michigan • 48307 • Phone: 248.726.3000 • Fax: 248.726.3105

Volunteer - Overnight Chaperone – SV July 1, 2025 to June 30, 2026

Date: _____

First Name: _____ Last Name: _____

Email: _____

Date of Birth: _____ Phone: _____

School: _____ Teacher/Coordinator: _____

Activity: _____ Date of Activity: _____

Please choose 1 of the 4 options below and complete the processing requirements:

1. **New volunteer and have never been printed:**

— Complete this form
— Complete the *Michigan Waiver Agreement and Statement for Schools*
Must be dated on or prior to the date you were fingerprinted
— Complete the *LIVESCAN Fingerprint Background Check Request*
- Will be printed under SV Code – School Volunteer

— Return all original completed forms to your school building secretary

2. **New volunteer and I am a current volunteer/employee in another K-12 district (with LIVESCAN fingerprints):**

— Complete this form
— Complete the *Criminal Conviction History Check and Release Form*
— Return all completed forms to the school building secretary

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

— Complete and submit this form and return it to the school building secretary
Employee Position_____Building/Location_____

4. **Returning volunteer with active fingerprints:** Must be active from the previous school year and have a previously completed background check as listed above:

— Complete the online *ICHAT Authorization below and return this completed form to the school building secretary*

Rochester Community Schools Electronic ICHAT Form

*****School secretaries and administrators will have access to volunteer clearance and status after processing is completed. Fingerprints will remain active with Rochester Community Schools for the remainder of the school year ending on June 30, 2026. Returning Volunteers failing to submit an **annual** ICHAT will result in a separation of service and will require reprinting. *****

FOR YOUR INFORMATION

Rochester Community Schools
Human Resources Department
52585 Dequindre Road, Rochester, MI 48307
Phone 248-726-3171 Fax 248-726-3105

FINGERPRINT REQUIREMENT DIRECTIONS

All employees/contractors of the Rochester School District **must be fingerprinted** prior to their first day of employment/involvement.

Before you are printed:

- Determine where you want to be fingerprinted.
  - There is a difference in cost, location and availability.
  - If an appointment is necessary, be sure you make this arrangement.
- Complete the correct form(s) and take it with you to your appointment.
  - The LIVESCAN FINGERPRINT REQUEST form must be completed for all fingerprinting.
- Obtain a copy of the completed Live Scan Form confirming you have been fingerprinted.

After you are printed:

- PRESENT A COPY OF ALL COMPLETED FORMS INCLUDING YOUR LIVE SCAN TO THE HUMAN RESOURCES DEPARTMENT. You may not begin employment/involvement in the district without evidence that you have met this State of Michigan requirement.

FINGERPRINTING OPTIONS

Below are three options for getting fingerprinted. These are only suggestion and you are free use any Live Scan location that best fits your needs.

Please contact the location for the most current information.

Location & Web Site	Hours of Operation	Fee & Form Required	Form of Payment Accepted	Appt. necessary	Phone Number
Oakland Schools Summit Campus: 2214 Mall Drive East Waterford, 48328 **On-Line Reservation for Appointments:** www.osfingerprint.com	**Check Website for dates/times available**	**$68.00 LIVESCAN 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	**Monday - Friday 8:30 a.m. to 3:30 p.m.**	**$57.00 $61.00 LIVESCAN Form**	**CASH Credit Card**	**Yes**	**248-858-5011**
Morphotrust USA (Multiple locations) www.identogo.com	**Monday - Friday Hours vary by location.**	**$65.25 LIVESCAN Form** Cost Varies Per Location	Credit Card ***NO CASH***	**Yes**	**1-866-226-2952**

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.

LIVE SCAN FINGERPRINT BACKGROUND CHECK 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 Reason Code	2. Requestor/Agency ID	3. Agency Name	4. Individual ID (MNU-OA)
SV	1664T	Rochester Community Schools	

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. Live Scan Information

1. Date Printed	2. Picture ID Type Presented	3. Transaction Control Number (TCN)	4. Live Scan Operator*

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

IV. Privacy Act Statement

Authority: Acquisition, preservation, and exchange of fingerprints and associated information by the Federal Bureau of Investigation (FBI) is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine Uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

V. 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)

VI. Consent

I understand that my personal information and biometric data being submitted by Live Scan, will be used to search against identification records from both the Michigan State Police (MSP) and the 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.

Signature:	Date:

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 (MNU-OA)**
   The Individual ID 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:

Live Scan Information:

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

VOLUNTEER

FORM 4 Waiver

RI-088A (02/2017)
MICHIGAN STATE POLICE
Criminal Justice Information Center

AUTHORITY: MCL 28.242
COMPLIANCE: Voluntary; however, failure to complete this Agreement will result in denial of request.

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**)? ☐ Employee ☒ Volunteer ☐ Contractor/Vendor			
Have you ever been convicted of a crime? ☐ Yes ☐ 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. ☐ Yes ☒ No			
Name of Other Qualified Entity N/A			
Signature		Date Signed	

This form must be dated on or before the date prints were completed.

ORIGINAL - MUST BE RETAINED BY QUALIFIED ENTITY

Rochester Community Schools
Human Resources Department
52585 Dequindre Road, Rochester, MI 48307
Phone: 248-726-3171 Fax: 248-726-3105

FORM 2 - CCHR
Revised 9.15.2022

CRIMINAL CONVICTION HISTORY CHECK AND RELEASE FORM

I understand that my conditional employment/involvement with the Rochester Community School District is subject to a criminal history check, and/or fingerprinting, that are satisfactory to the Rochester Community School District. I understand that the information below is required by the Michigan State Police and the FBI for the criminal conviction history/record check. I authorize the Rochester Community School District to utilize this information for the sole purpose of obtaining a criminal history/record check.

PLEASE PRINT LEGIBLY

NAME: _____
Last **First** **Middle**

OTHER NAME(s) or MAIDEN NAME: _____

DATE OF BIRTH _____/_____/_____ **GENDER:** ☐**Male** ☐**Female** **CONTACT PHONE #**_____

POSITION APPLIED FOR: _____**DEPARTMENT/CONTRACT COMPANY:**_____

RACE: (Please choose best option per ICHAT system choices)

☐ White ☐Black ☐Asian or Pacific Islander ☐American Indian or Alaskan Native ☐Other

Pursuant to Public Act 68 of 1993, I represent that (<u>you must check one</u>):

- ☐ I **have not** been convicted of, nor pled guilty or nolo contendere (no contest) nor am the subject of a finding of guilt by a judge or jury of any misdemeanor or felony.
- ☐ I **have been** convicted of, nor pled guilty or nolo contendere (no contest) nor am the subject of a finding of guilt by a judge or jury of any misdemeanor or felony.

_____

- ☐ I **have** pending criminal charges (misdemeanor or felony) and I am awaiting disposition as indicated below (use separate sheet if necessary).

_____

I understand and agree that pursuant to Public Act 68 of 1993 and Public Act 83 of 1995:

1. The Rochester Community Schools Board of Education must request a criminal history/record check from the Central Records Division of the Michigan State Police and the FBI for all potential employees.
2. Until the results of the criminal history/record check are received and reviewed by the Rochester Community School District, my employment status is conditional.
3. If the results of the criminal history/record check, received from either the Michigan State Police or the FBI, are not the same as my representation(s) above respecting either the absence of any conviction(s) or any crimes of which I have been convicted, my employment/status is voidable at the option of the Rochester Community School District.

<u>Complete one of the following:</u>

- ☐ I was previously fingerprinted for school employment with a Michigan K-12 school district and have maintained regular and continuous employment (no break in service) with said school district since being fingerprinted; I have active LIVESCAN fingerprints. *I authorize release of my fingerprints and/or criminal history report from* the following Michigan K-12 school district:

  Approx. Date Fingerprinted: _____ TCN#_____

  School District Information: Name _____

  Phone _____Address_____City, Zip _____

- ☐ I have been fingerprinted for the Rochester Community School District and the completed *LIVESCAN Fingerprint Request (Form #3) is attached*.
- ☐ I am a student currently enrolled in a K-12 program and 18 years old or younger. I understand that fingerprints are not required, but I authorize the Rochester Community School District to process a background check using the Internet Criminal History Access Tool (ICHAT).

DATE: _____ **SIGNATURE:** _____