Clarkston Community Schools Volunteer Guidelines and ICHAT Authorization Form

Volunteer Guidelines

● Volunteers may be used to give support to a classroom or program.

● A volunteer of Clarkston Community Schools (CCS) will be required to have a Michigan State Police Internet Criminal History Access Tool (ICHAT) **screening annually** if the volunteer will be with students**.**

● The results of the 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 prohibit you from working with CCS students and to approve or deny your volunteer request.

● Please complete only **one form per school year. Must be completed annually for volunteering.**

● Please allow **10 days** for processing to be approved for volunteering. **This form should be returned to your building secretary and/or appropriate department.**

● This form **must** be accompanied with a copy of your **Michigan Driver's License** or **Michigan State ID** in order to be processed.

ICHAT AUTHORIZATION - please print clearly *required field*

Volunteer's Full Legal Name: _____

Maiden Name or other names previously used:_____

*Birth date: _____ *Phone Number: _____

*Gender: F/M *Race: White/ Black/ Asian or Pacific Islander / American Indian or Alaskan Native/ Unknown/Other

***Name of Teacher and Grade: _____**

***Specific Event or Field Trip: _____**

Check ALL that apply:

Andersonville Elementary	Springfield Plains Elem	Early Childhood Center	Chicago Trip
Bailey Lake Elementary	Sashabaw Middle	Special Education Dept.	Admin Bldg
Clarkston Elementary	Clarkston Jr High	6th Gr Camp	Band/Orchestra
Independence Elementary	Clarkston High	Community Ed Center	CHS Grad prty.
North Sashabaw Elementary	Renaissance High	SCAMP	Athletics
Pine Knob Elementary	Robotics(check school)	Destination Imag.(check school)	Other_____

I acknowledge this information to be true and give full consent to complete the requested background check.

Volunteer Signature: _____Date:_____

ForOffice Use Only: **Approved Denied Date_____ Approver's Initials_____**

updated 08/26