

**HURON INTERMEDIATE SCHOOL DISTRICT - ADAMS SCHOOL  
VOLUNTEER ICHAT AUTHORIZATION FORM  
2021-2022**

**ICCHAT Guidelines**

Volunteers to the Huron ISD, and the Huron County Rural 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, the volunteer will be required to have a Michigan State Police Internet Criminal History Access Tool (ICCHAT) screening form completed *annually*. The ICHAT will then be ran prior to each time the volunteer activity takes place. 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 volunteering in our schools. The background check is a name check only through the State of Michigan ICHAT system and is based on individual identifiers.
- ICHATs will be processed within 5-days of the function conducted by the school, or prior to all persons providing a service or in a specific program at the school.
- Any applicant declining to complete a "Background Check" acknowledgement form will not be considered.

**Instructions:**

1. Print clearly and complete all required fields on the ICHAT form.
2. You must attach a copy of your Driver's License or State ID with this form for it to be processed.
3. The form must be signed and dated, to be considered valid.
4. Please return this form to your building secretary, teacher, or appropriate department to be forwarded onto the Human Resources Specials for processing.

**Date:** \_\_\_\_\_ **Name of School:** \_\_\_\_\_

**Service you will be providing and/or for what program:** \_\_\_\_\_

**\*\* VOLUNTEER FOR ANY OVERNIGHT CHAPERONE REQUIRE SCHOOL VOLUNTEER (SV) FINGERPRINTING \*\***

**ICCHAT AUTHORIZATION – Please Print Clearly \* = Required Field**

\*Full Legal First Name: \_\_\_\_\_ \* Legal Last Name: \_\_\_\_\_ \* MI \_\_\_\_\_

\* Other First Name: \_\_\_\_\_ \* Maiden/Other Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Current Email Address: \_\_\_\_\_

\* DOB (mm/dd/yyyy): \_\_\_\_\_ \* Gender:  Male  Female

\* Race: Indicate best option per ICHAT system choices:

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

**HISTORY INFORMATION**

1.) Have you volunteered at the Huron ISD or Rural Schools before?  Yes  No

2.) Have you ever pled guilty, or been convicted of a felony in a state or federal court?  Yes  No

Date, and state offense/conviction occurred: \_\_\_\_\_

If yes, provide a detailed description of the conviction:

\_\_\_\_\_  
\_\_\_\_\_

3.) Have you ever pled guilty, or been convicted of a misdemeanor in a state or federal court?

Yes  No Date, and state offense/misdemeanor occurred:

\_\_\_\_\_

If yes, provide a detailed description of the conviction:

\_\_\_\_\_  
\_\_\_\_\_

4.) Are you the subject of a current criminal investigation or have pending charges against you?

Yes  No Date, and state the investigation that is ongoing:

\_\_\_\_\_

If yes, provide a detailed description of the investigation or pending charges:

\_\_\_\_\_  
\_\_\_\_\_

The Huron ISD reserves the right to “approve” or “deny” any volunteer applicant upon review of the background check returned through ICHAT. Providing false information or information contradicting the background check information, is grounds for immediate volunteer denials. Your signature represents acknowledgment that your statements are true, and you authorize the Huron Intermediate School District to conduct a name-based background check through MSP ICHAT.

Volunteer Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

#### SCHOOL OFFICE USE ONLY

Administrator’s Signature for Approval: \_\_\_\_\_

Copy of Driver’s License Attached: (Required)  Yes  No

Date: \_\_\_\_\_

Please return completed form to Huron ISD, Julie Toner. Questions or concerns, please contact Julie Toner @ (989) 269-3467.

#### HUMAN RESOURCES SPECIALIST USE ONLY

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date of ICHAT: \_\_\_\_\_

HR Specialist Signature: \_\_\_\_\_

Date Filed/Communicated with Program Teacher/School RE: Approval/Denial: \_\_\_\_\_