

**HURON INTERMEDIATE SCHOOL DISTRICT
VOLUNTEER ICHAT AUTHORIZATION FORM**

YEAR: _____

ICCHAT Guidelines

Volunteers to the Huron ISD and the Huron County Rural Schools may be used temporarily to support 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 is with students, the volunteer must have a Michigan State Police Internet Criminal History Access Tool (ICCHAT) screening form completed *annually*. The ICHAT will then be run each time the volunteer activity takes place. The results of this ICHAT criminal background check will remain confidential. They will only be used by the 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 five (5) days of the function conducted by the school or before all persons providing a service or in a specific program at the school.
- Any applicant declining to complete a "Background Check" acknowledgment 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 processing.
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 to the Human Resources Specialist for processing.

Date: _____ **Name of School:** _____

Service you will be providing and for what program: _____

**** VOLUNTEER FOR ANY OVERNIGHT CHAPERONE REQUIRES 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 the 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? 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 ongoing investigation:

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 acknowledges that your statements are factual, 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

Teacher’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: _____