



ICHAT BACKGROUND CHECK & VOLUNTEER WAIVER FORM

The Woodhaven-Brownstown School District recognizes that volunteers provide valuable services in helping the school district deliver educational programs for all students. In order to ensure the safety and security of our students, staff, and other volunteers, all volunteers must fill out this form prior to beginning work in the schools. In addition to the references listed below, volunteers will be screened through Internet background checks (ICHAT). Approval of the building administrator will be required before a volunteer may work with students. As a prospective volunteer for the Woodhaven-Brownstown School District, I understand that it is the District's policy to secure conviction criminal history information as part of their volunteer screening process using the information provided below.

Office Use ONLY
Previous Ichat: Yes/No
Staff Verifying Form Completion: Building:
Date New IChat Expiration: or Denied:
Board Office Staff Verification:

PLEASE COMPLETE (1) FORM ONLY - for ALL of your students enrolled in this District.

Legal Name: (First) (Middle) (Last) Building(s): First list the building where submitting form, then other building(s)

Street Address: City: State: Zip Code:

Home Phone: Cell Phone: Work Phone:

Birth Date: Michigan Driver's License #: *ATTACH PHOTO COPY

Sex Male Female Email Address:

Race: White Black or African American American Indian or Alaska Native Asian or Pacific Islander Unknown/Other

- Have you ever been convicted of a felony? Yes No
Are you currently involved with any criminal court orders or pending criminal legal action? Yes No

If yes, What for? When? Where?

List ALL of your Students in WBSD for the current school year:

Table with 4 columns: Student First Name, Student Last Name, Building, Grade

WBSD FINGERPRINT INFORMATION:

Have you been Live Scan fingerprinted through the Woodhaven-Brownstown School District? _____ If yes, DATE: _____

List three references whom the Building Principal may contact:

Reference Name	Address	Phone	Relationship

Emergency Contact for Volunteer:

Name: _____ Phone Number: _____

Assurances and Signature

- ◆ I will abide by the policies and procedures of the WBSD and the building/program where I am volunteering.
- ◆ I understand that the school district does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer's unpaid service to the district.
- ◆ I agree to waive any and all claims against the School District, its Board Members, employees, or agents for loss due to death, injury, illness or damage of any kind arising out of the volunteer's supervised or unsupervised service to the School District.

I understand that the above information is required by the Central Records Division of the Michigan State Police, Lansing, Michigan. I authorize the Woodhaven-Brownstown School District to utilize the above information for the sole purpose of obtaining a conviction only, criminal history file search pursuant to the Michigan Freedom of Information Act PA 442 of 1976 and/ or PA 99 of 1992.

X _____
Signature of Prospective Volunteer

____/____/____
DATE