



**TROY SCHOOL DISTRICT  
VOLUNTEER GUIDELINES AND ICHAT AUTHORIZATION FORM**

**VOLUNTEER GUIDELINES**

The Troy School District values those who volunteer in our classrooms and schools. If a volunteer will be with students for a significant length of time without a TSD employee being present, or will be with students on a regular basis, that volunteer is required to have a Michigan State Police Internet Criminal History Access Tool (I-CHAT) screening annually. All results will remain confidential and will only be used by the TSD administration to determine if you have been convicted of an offense that would otherwise prohibit you from working in our schools.

**\*\*PLEASE PRINT CLEARLY AND DO NOT USE NICKNAMES\*\***

**YOU MUST ATTACH A COPY OF YOUR DRIVER'S LICENSE WITH THE FORM TO BE PROCESSED.**

(Please return this form to your child's school office.)

STUDENT NAME(S): \_\_\_\_\_

School Building(s) \_\_\_\_\_ School Year \_\_\_\_\_

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Previous/Maiden Last Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**RACE:** Indicate best option.     √ *Check one*

- |   |   |
|---|---|
| <input type="radio"/> White                     | <input type="radio"/> American Indian or Alaskan Native |
| <input type="radio"/> Black                     | <input type="radio"/> Unknown/Other                     |
| <input type="radio"/> Asian or Pacific Islander |   |

**GENDER:** Male  Female

**BIRTH DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

**Reason for Background Check:**     √ *Check all that apply*

- |   |  |
|---|--|
| <input type="radio"/> Classroom Volunteer             | <input type="radio"/> Field Trip Chaperone |
| <input type="radio"/> Camp Chaperone                  | <input type="radio"/> Band/Orchestra       |
| <input type="radio"/> Volunteer Coach/Assistant Coach | <input type="radio"/> Media Center         |
| <input type="radio"/> Clinic                          | <input type="radio"/> Student Teacher      |
| <input type="radio"/> Other _____                     |  |

My signature below is representative of my approval for the Troy School District Employee Services Department to conduct a criminal background check against my records using the Michigan State Police ICHAT system.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_