

School District of the City of River Rouge
1460 West Coolidge Highway • River Rouge, Michigan 48218
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2021/2022 Volunteer ICHAT Information Form

I, _____, authorize the School District of the City of River Rouge to submit the following information to Internet Criminal History Access Tool (ICHAT) for the purpose of reviewing my criminal background check. I understand my results will determine my eligibility to volunteer in the district.

Last Name: _____ First Name: _____ Middle Name: _____

Indicate and list any Maiden Names or Aliases: _____

Phone Number: _____

A valid State ID or Driver's License copy must be attached before a search will be completed. The following information is requested by ICHAT when completing the search – all areas must be completed.

Birthdate: _____

Race: _____

Sex: _____ Driver's License /ID Number _____

Signature

Date

School/Department you wish to serve: _____

Classroom/Teacher you wish to serve: _____

Reason: *please circle below and provide any addition information*

Field Trip Chaperone (please provide location and date): _____

Volunteer (in school or event and date): _____

District Use Only:

Based on the information we have obtained from ICHAT on the above named individual, we are making the decision below regarding chaperoning or volunteering in our district.

_____ Yes, we are accepting this applicant as a volunteer in our district.

_____ No, we are not accepting this applicant as a volunteer in our district.

Signature

Date