

2026-2027 School Year



ICHAT BACKGROUND CHECK & VOLUNTEER WAIVER FORM
Confidential

ICHAT Expires: _____

NEW ICHAT Expiration Date: _____

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.

Legal Name: _____
(LAST) (FIRST) (MIDDLE)

Building (where form SUBMITTED): _____

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 ☐ Asian or Pacific Islander
☐ Black or African American ☐ Unknown/Other
☐ American Indian or Alaska Native

Emergency Contact Person: _____ **& Phone Number** _____

Please answer the following questions:

- 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?** _____

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

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

Student First Name	Student Last Name	Building	Grade

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

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

FOR OFFICE USE ONLY

Background Check conducted by: _____

ICHAT Background Check Processed Date: _____ Entered in ICHAT List on (S:) Drive ☐ Yes ☐ No

Building Principal/Admin Asst Notified Date: _____ Approved: ☐ Yes ☐ No