



Jackson Public Schools  
 Human Resources  
 522 Wildwood Avenue  
 Jackson, Michigan 49201  
 Ph: 517-841-2155      Fx: 517-768-5193

M E M O – ICHAT

Date: August 2015 (Revised)  
 From: Jackson Public Schools, Human Resources  
 To: Volunteers

“School Safety” legislation mandates you complete this form and submit PRIOR TO volunteering in any JPS school. Please hand in your ICHAT form with a copy of your driver’s license to your school office a week in advance.

By signing, you acknowledge:

- You will abide by all Board policies and District guidelines.
- Volunteers are covered under JPS’s liability policy, but the District will not provide any type of health insurance to cover illness or accident incurred while volunteering, nor will you be eligible for Workers’ Compensation.
- Signing this form releases the District of any obligation should you become ill or injured as a result of volunteering.
- There are crimes that may prohibit you from volunteering. (You will be notified in writing only if you are not approved.)

Michigan State Police Department’s ICHAT (Internet Criminal History Access Tool)  
**Please complete the information below and return to Human Resources with a copy of your state issued ID.**

**\*\*There is no cost to you for this service.\*\***

Date: \_\_\_\_\_ School where you are volunteering: \_\_\_\_\_  
 School Activity: \_\_\_\_\_ Teacher’s name: \_\_\_\_\_ Student last name: \_\_\_\_\_

**Applicant Information** *\*Must present or send a copy of picture ID \**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Phone Number: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

I represent that (check what applies):

\_\_\_\_\_ 1. I have NOT been convicted (found guilty by a judge or jury or pled guilty or no contest) of any misdemeanors or felonies.

\_\_\_\_\_ 2. I have been convicted (found guilty by a judge or jury or pled guilty or no contest) of the following misdemeanors and/or felonies:

1. \_\_\_\_\_
2. \_\_\_\_\_

*(Attach separate sheet of paper if necessary)*

I understand and agree that I will not interact directly with any students until this form has been completed, submitted and I have been approved by the Jackson Public School Administration.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_