

DATE: _____

TO: Cassandra D. Harmon-Higgins, Esq.
Executive Director, Human Resources and Legal Services

FROM: _____

SUBJECT: Criminal History Record Information ("CHRI") for Contractor / Student Worker / Volunteer

The Department of _____ or _____ (School/Program) is offering a contracted position or non-paid volunteer assignment to the individual listed below; please let me know if CHRI is required.

(please circle one) Contractor/Volunteer/Student	
(First and Last Name)	
Contract Firm/Company	
Duration of Assignment	Effective Date: End Date:
Primary Site Assignment	
Age (Student Worker ONLY)	Student Age:
Will this individual receive compensation?	
Will this individual be sent out to any other district? (i.e. Dexter, A2, etc.)	
Will this individual have access to any other WISD location? (i.e. High Point, etc.)	
Will this individual have direct contact/access to students?	
Will this individual have indirect contact/access to students?	
Will this individual have unsupervised access to students?	

COMPLETED BY HR:

CHRI Needed: Yes ☐ No ☐

HR CHRI Determination code: _____ MSP Reason Code: _____ (e.g. SE, CPE, CPV)

Executive Director of HR (or HR Supervisor): _____ Date: _____

Rev 11-24-14

CONSENT FORM
Washtenaw Intermediate School District

I am offering my services as a (*please check one*):

☐ Student Teacher

☐ Fieldwork

☐ Volunteer

☐ Intern

☐ Observer

☐ Other (Please Explain): _____

Name of School or Location: _____

In a continuing effort to keep our students safe, Washtenaw Intermediate School District requires that any person who volunteers to work in our District must be screened through the Internet sites for the Sex Offenders Registry (SOR) list, the Internet Criminal History Access Tool (ICHAT) criminal history records check and the Offender Tracking Information System (OTIS) prior to being allowed to participate in any activity or program. I understand the check is mandatory and agree to provide the following personally identifiable information (please print legibly):

Legal Name: _____
First Middle Initial Last

***Address/City/St/Zip:** _____

***Date of Birth:** ____/____/____ (mm/dd/yy) ***Gender:** ☐ Male ☐ Female ***Race:** _____

***Height:** _____ ***Weight:** _____ ***Hair Color:** _____ ***Eye Color:** _____

***Maiden Name:** _____ **Other Aliases:** _____
(if applicable) (i.e., previous married name, nickname or any other name you have gone by in the past)

Note: In certain circumstances the specific placement may require the individual to be fingerprinted. The fingerprints are run under the reason CPV (National Child Protection Act – volunteer) and therefore will not fulfill the requirements for school employment. The fee for fingerprinting is \$69.00.

By completing this form and signing below, I authorize Washtenaw Intermediate School District to conduct a criminal history check and/or fingerprinting if deemed necessary.

Name (Please Print)

Signature

Date

(For Human Resource Department Use Only)

Date Received By HR: _____ Fingerprinted: ☐ Yes ☐ No Date: _____

ICHAT: ☐ Yes ☐ No ☐ N/A **OTIS:** ☐ Yes ☐ No ☐ N/A **SOR:** ☐ Yes ☐ No ☐ N/A

Background check verified by: _____

Rev. 6/26/14

NON-EMPLOYEE EMERGENCY CONTACT INFORMATION

Washtenaw Intermediate School District

If you are not a permanent employee of Washtenaw Intermediate School District, but are in our building(s) as an observer, student teacher, intern or volunteer, we keep the following information on file in the event of an emergency situation.

Please notify us if the information changes so your file has current and useful information. This information is confidential and will be treated as such.

Please complete this form and return to:

Becky Mullins
Human Resources Department
1819 S. Wagner Road
Ann Arbor, MI 48103
bmullins@washtenawisd.org
Confidential Fax Number: (734) 994-1629

In case of an emergency, please contact:

Primary Contact: _____ Relationship: _____

Address: _____

Work Phone: _____ Home Phone: _____ Cell: _____

E-mail: _____

Secondary Contact: _____ Relationship: _____

Address: _____

Work Phone: _____ Home Phone: _____ Cell: _____

E-mail: _____

Additional information that may be helpful in the event of an emergency: _____

Name (Please Print)

Signature

Date

CONFIDENTIALITY AGREEMENT
Washtenaw Intermediate School District

There are federal and state laws that protect the privacy rights of students and families. In a school situation, there are many instances in which confidential information is discussed in order to better understand students and how we can help them. When working in the schools as a volunteer/observer/student teacher/fieldworker/other, there may be times when this information is heard. As a volunteer/observer/student teacher/fieldworker/other, you must agree that if you do hear information about a student or a family, you will not repeat this outside of school. This will ensure the protection of our students' interest and their families, thus creating a better environment for all.

Additionally, there are laws that govern special education confidentiality. These regulations indicate that confidentiality must be maintained relative to special education students. Therefore, any written or verbal communication with anyone who does not have a right to know is in violation of the laws. A volunteer/observer/student teacher/fieldworker/other should not discuss a student's disability with any individual outside of the classroom instructor or staff member. The volunteer/observer/student teacher/fieldworker/other should not use any written or verbal statements outside of the school that would divulge the student's disability. In essence, only those who work directly with the student are considered as those with a "need to know". If at any time these terms of confidentiality are violated by a volunteer/observer/student teacher/fieldworker/other, termination of volunteer/observer/student teacher/fieldworker/other services may occur.

I further understand that my authorization to serve as a volunteer/observer/student teacher/fieldworker/other may be terminated at the discretion of the Superintendent and/or Program Supervisor at any time if they determine it is in the best interests of the program or the students.

By signing this agreement, I am stating that I will not divulge information about any student or family to a person outside the school setting.

I have read, understand and agree to the information presented above.

Name (Please Print)

Signature

Date

BOARD POLICY 3120.09 - VOLUNTEERS

Washtenaw Intermediate School District

The Board of Education recognizes that certain programs and activities can be enhanced through the use of volunteers who have particular knowledge or skills that will be helpful to members of the employees responsible for the conduct of those programs and activities.

The Superintendent shall be responsible for recruiting community volunteers, reviewing their capabilities and making appropriate placements. S/He shall not be obligated to make use of volunteers whose abilities are not in accord with District needs.

Any volunteer who works with or has unsupervised access to students shall be screened through the Internet sites for the Sex Offenders Registry (SOR) list, the Internet Criminal History Access Tool (ICHAT) criminal history records check and the Offender Tracking Information System (OTIS) prior to being allowed to participate in any activity or program.

All other volunteers who work in the schools or on any school sponsored activity shall submit to a criminal history records check through ICHAT, prior to being allowed to participate in any activity or program.

The Superintendent is to inform each volunteer that s/he:

- A. Shall agree to abide by all Board policies and District guidelines while on duty as a volunteer;
- B. Will be covered under the District's liability policy but the District cannot provide any type of health insurance to cover illness or accident incurred while serving as a volunteer, nor is the person eligible for workers compensation.