Autism Society
Greater Detroit

ICHAT Guidelines

• Each board member and volunteer representing the Autism Society of Greater Detroit (ASGD), such as moderators of clubs, must have a Michigan State Police Internet Criminal History Access Tool (ICHAT) screening form completed.

The ICHAT will then be run annually whenever the individual is active with the organization.

The results of this ICHAT criminal background check will remain confidential. They will only be used by ASGD administration to determine if you have been convicted of an offense that would otherwise prohibit you from volunteering for this nonprofit.

• The background check is a name check only through the State of Michigan ICHAT system and is based on individual identifiers.

• Any applicant declining to complete a "Background Check" acknowledgment form will not be considered.

Instructions:

1. Print clearly and complete all required fields on the ICHAT form.
2. You must attach a copy of your Driver's License or State ID with this form for processing.
3. The form must be signed and dated to be considered valid.
4. Please return this form & attachments through email to AS.GreaterDetroit@gmail.com

ICHAT AUTHORIZATION – Please Print Clearly

* = Required Field
Full Legal First Name: _____ Legal Last Name: _____ * MI _____

Other First Name: _____ Maiden/Other Last Name: _____

Phone Number: _____ Current Email Address: _____

*DOB (mm/dd/yyyy): _____ * Gender: ☐ Male ☐ Female
* Race: Indicate the best option per ICHAT system choices:
☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black ☐ White ☐ Unknown/Other

HISTORY INFORMATION
1) Have you volunteered for ASGD in the past? ☐ Yes ☐ No

2) Have you ever pled guilty or been convicted of a felony in a state or federal court? ☐ Yes ☐ No
Date and state offense/conviction occurred: _____
If yes, provide a detailed description of the conviction:
_____
_____
_____

3) Have you ever pled guilty or been convicted of a misdemeanor in a state or federal court? ☐ Yes ☐ No
Date and state offense/misdemeanor occurred: _____
If yes, provide a detailed description of the conviction:
_____
_____
_____

4) Are you the subject of a current criminal investigation or have pending charges against you? ☐ Yes ☐ No
Date, and state the ongoing investigation: _____
If yes, provide a detailed description of the investigation or pending charges:
_____
_____
_____

The Autism Society of Greater Detroit (ASGD) reserves the right to "approve" or "deny" any volunteer applicant upon review of the background check returned through ICHAT. Providing false information or information contradicting the background check information is grounds for immediate denial. Your signature acknowledges that your statements are factual, and you authorize the ASGD to conduct a name-based background check through MSP ICHAT.

Volunteer Signature: _____

Date Signed: _____ **Attach a Copy of Driver's License (Required)**