

VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION:

Name: _____
Last *First* *MI*
Maiden Name or if known by any other name: _____

- Check One:
- Parent/Guardian
 - Student
 - Community member (non-parent)
 - Other (please specify): _____

Address: _____
Street *City* *State* *Zip*

Phone Number: (____) ____ - ____ Cell Phone: (____) ____ - ____

Emergency contact: _____ Phone: (____) ____ - ____

Have you ever been a school volunteer? Yes No
If Yes, Name of School: _____

Name(s) of any child(ren) attending Chester-East Lincoln CCSD #61:

AVAILABILITY:

- Entire School Year (September - June) Program/Short Term Project _____
- Summer School (July) Other _____

Time Available: Morning (____ to ____) M T W Th F
 Afternoon (____ to ____) M T W Th F

Number of hours/week: _____

REFERENCES:

Please provide professional and/or personal references:

1. _____
Name *Phone*
2. _____
Name *Phone*

BACKGROUND INFORMATION:

Please answer the following questions completely. Any falsification, omission, deliberate misrepresentation or failure to complete any part of this form is grounds for rejection as a volunteer. Chester-East Lincoln CCSD #61 reserves the right to reject any applicant for any legitimate, nondiscriminatory reason, at its sole discretion.

Do you currently have any outstanding criminal charges or warrants for your arrest pending against you? Yes No

If yes, please explain: _____

Have you ever been convicted of a felony criminal offense and/or misdemeanor or felony criminal offenses involving illegal substances? Yes No

If yes, please explain: _____

Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child in any legal proceeding? Yes No

If yes, please explain: _____

ACKNOWLEDGEMENT – Non-Employees of the District

The purpose of this notice is to inform prospective volunteers that they do not have insurance coverage from the District and to document the volunteer's acknowledgement and agreement that he/she is providing volunteer service at his/her own risk. By signing below:

1. You acknowledge that Chester-East Lincoln CCSD #61 does not provide insurance coverage for any loss, injury, illness or death resulting from your unpaid service to the District.
2. You agree to assume all risk of injury, illness, damage or loss of any nature or kind, arising out of your volunteer assignments, whether supervised or unsupervised and your service to the District. You agree to waive any and all claims against the District, its Board Members, employees, agents

or assigns, or their successors for loss due to death, injury, illness or damage of any kind arising out of your service to the District.

By signing below you also acknowledge that:

1. Your time and service as a volunteer is given without the promise, expectation, or receipt of any form of compensation, benefits, or other remuneration for this service.
2. Either the District or you can terminate your volunteer services at any time for any reason.

Volunteer Signature

Date

Print Name

For School District Use Only:

General Description of Assignment:

Name(s) of Supervising Staff Member(s):

____ Criminal Background Check Completed

____ Federal Sex Offender Database Check Completed

____ State Sex Offender Database Check Completed

____ Child Murder and Violent Offender against Youth Database Completed

____ Mandated Reporter Form Completed

Witness Signature

Date

The above mentioned volunteer has met all the requirements to provide volunteer services to the School District.

Administration Approval

Date



Chester East Lincoln CCSD #61

DISCLOSURE FOR CONSUMER REPORTS

READ CAREFULLY BEFORE SIGNING

Chester East Lincoln CCSD #61 (“end-user”) has contracted with Bushue Background Screening in connection with my application for employment, volunteerism, contracted services, tenancy, enrollment, acceptance into a program, and/or other reasons. I understand consumer reports will be requested by you the end-user. These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, fingerprint records etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

I understand the end-user can use this disclosure in connection to obtaining consumer reports throughout my employment, volunteer services, contracted service, tenancy, enrollment, etc. with the end-user.

Signature: _____ Date: _____



Chester East Lincoln CCSD #61

AUTHORIZATION FOR CONSUMER REPORTS READ CAREFULLY BEFORE SIGNING

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by End-User. In connection with the End-User, this authorization shall remain on file and shall serve as ongoing authorization for End-User to procure such reports at any time during my employment, contract, volunteer period, or other affiliation to the End-User. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: ("Agency"), Bushue Background Screening, 302 E. Jefferson Avenue, Effingham, IL 62401, telephone number (217) 342-3042, upon proper identification, to obtain copies of any reports furnished to End-User by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on End-User's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to End-User obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.bushuebackgroundscreening.com.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here (only if this applies):

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

I authorize End-User and Agency to use email communication with me to provide me with notices and information regarding any report or use of such report.

Signature: _____ Date: _____



Chester East Lincoln CCSD #61
(BHR Volunteer Screen)

*Information below is being used for background screening purposes only.

PLEASE PRINT LEGIBLY					
Applicant's Legal Name (full name)	First:	Middle:	Last:		
Alias or Maiden Name	First:	Middle:	Last:		
Home Address:	Street Address:		City:	State:	Zip:
APPLICANT INFORMATION					
Date of Birth: ____ / ____ / ____			Social Security Number: ____ - ____ - ____		
Phone Number:		Email Address:			
Driver's License Number:		State of Issuance:	Names as it Appears on Driver's License:		
Eye Color:	Hair Color:	Race:	Weight:	Height: ____ ft. ____ in.	
VOLUNTEERING INFORMATION					
School/Place:			Purpose (field trip, coach, classroom, etc.):		
APPLICANT SIGNATURE AND DATE					
Signature (parent/guardian signature required if under the age of 18):				Date:	

CHESTER-EAST LINCOLN CCSD #61

State of Illinois – Dept. of Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when working and/or
(Name)

Volunteering for Chester-East Lincoln CCSD #61 in my official capacity and/or professional:

I will become a mandated reporter under the Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me in my professional or official capacity is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor.

I also understand that if I am subject to licensing under the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

(Signature)

(Date)