

VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION:

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

Check One: Parent/Guardian Community member (non-parent)
 Student 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 Red Bud CUSD #132:

AVAILABILITY AND PREFERENCE:

Entire School Year (September – June) Other _____

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

Number of hours/wk: _____

Classroom (Teacher Name) _____ Chaperone – Field Trip

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. Red Bud CUSD #132 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 acknowledgment and agreement that he/she is providing volunteer service at his/her own risk. By signing below:

1. You acknowledge that Red Bud CUSD #132 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 promise, expectation, or receipt of any form of compensation, benefits, or other remuneration for this service.
2. Either the District or you can terminate you 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
- Volunteer Orientation completed
- Review of District Policies completed

Witness Signature

Date

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

Administration Approval

Date

VOLUNTEERING – DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

This release shall be limited to non-fingerprint based screens for Volunteers relating to the undersigned.

NOTICE REGARDING BACKGROUND INVESTIGATION

Red Bud CUSD #132 (“the School”) may obtain information about you from a consumer reporting agency for purposes of volunteering. These reports may contain information regarding your criminal history, motor vehicle records (“driving records”), or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any consumer report. Please be advised that the nature and scope of the most common form of consumer report obtained with regard to applicants and volunteers is a criminal background check conducted by Bushue Human Resources, Inc., 104 N. Second St., Suite B, Effingham, IL 62401, (217) 342-3042, or toll free at (877) 342-3042, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Red Bud CUSD #132 to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your service to the School to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the School at any time after receipt of this authorization and throughout my service, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Bushue Human Resources, Inc., 104 N. Second St., Suite B, Effingham, IL 62401, (217) 342-3042, or toll free at (877) 342-3042, another outside organization acting on behalf of Red Bud CUSD #132, and/or the School itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

Last Name _____ First _____ Middle _____

Other /Alias _____

Social Security # _____ Date of Birth _____

Present Address _____ Phone Number _____

City/State/Zip _____

Signature: _____ Date: _____



Red Bud CUSD #132



State of Illinois – Dept. of Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

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

volunteering for Red Bud CUSD #132 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



Red Bud CUSD #132

ACKNOWLEDGEMENT AND AGREEMENT OF DISTRICT POLICIES



The undersigned hereby acknowledges notification of access to the Red Bud C.U.S.D. #132 District Policies located on the District website at www.redbud132.org.

The undersigned hereby acknowledges and agrees that nothing contained in the policies including practices, and benefits stated herein are intended to create any contractual right, express or implied, to employment or to any particular term or condition of employment.

The District retains the right to revise, amend policies, or terminate policies unilaterally without notice at any time and the employee/volunteer's continued opportunity to be of service in the Red Bud CUSD #132 will be deemed acceptance of such revisions and modifications.

Employee/Volunteer Signature

Employee/Volunteer Printed Name

Date