

# VOLUNTEER INFORMATION FORM

[Agreement & Release]

VOLUNTEER NAME *(Please Print Above)*

VOLUNTEER EMAIL

VOLUNTEER PHONE

VOLUNTEER ADDRESS

STREET

CITY

ZIPCODE

PERSONAL PHYSICIAN *(For Volunteer)*

PERSONAL PHYSICIAN PHONE

EMERGENCY CONTACT NAME *(For Volunteer)*

EMERGENCY CONTACT PHONE

ARE YOU NOW OR HAVE YOU EVER BEEN A SCHOOL VOLUNTEER?

YES

NO

IF YES, PLEASE LIST NAMES OF SCHOOLS BELOW

NAME OF ANY CHILD OR WARD CURRENTLY ATTENDING THIS SCHOOL

## CRIMINAL CONVICTION INFORMATION

ARE YOU A CHILD SEX OFFENDER?

YES

NO

HAVE YOU EVERY BEEN CONVICTED OF A FELONY?

YES

NO

IF YES, LIST ALL OFFENSES BELOW

OFFENSE

LOCATION

DATE

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\_\_\_\_\_  
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ARE YOU WILLING TO CONSENT TO A CRIMINAL HISTORY CHECK IF DEEMED NECESSARY?

YES

NO

*State law prohibits individuals convicted of committing or attempting to commit a Class X felony from working in the schools. Individuals who are considered "child sex offenders" are also prohibited from volunteering. The principal or designee shall periodically review the Child Sex Offender List published by the Illinois State Police as part of the volunteer screening process. Long-term volunteers who work directly with students may be asked to submit to a fingerprint-based criminal background check.*

VOLUNTEER SIGNATURE

DATE

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