

Volunteer Application Packet

Volunteer Application Instructions

Thank you for your interest in volunteering with **El Paso Gridley CUSD #11**. To ensure the safety and security of all children and staff members, anyone interested in volunteering is required to complete this packet of information and return it to the district **at least ten days prior to the volunteer assignment**.

1. Volunteer Application Form

This is an application form to be completed, which provides the preliminary information needed to consider your interest in volunteering. Please complete this application form in its entirety and return it to the district.

2. Disclosure and Authorization

To ensure the safety of each and every student, our district will complete a background check on each individual interested in volunteering. The check may consist of the following:

- References listed on the application – As necessary/applicable
- Employer(s)/Previous employer(s) – As necessary/ applicable
- Sex Offender List – Required by Lay (Federal & State)
- Child Murderer and Violent Offender Against Youth Database – Required by Lay
- Criminal Background Check – As required by Insurance Carrier/ District Policy
- Any other checks as required by law

Please complete the Disclosure and Authorization Form and return it to the District.

3. Summary of Rights

The summary of Rights explains your rights under the Fair Credit Reporting Act. This information is for you to read and keep.

4. Acknowledgement of Mandated Reporter Status

Each volunteer is required to become familiar with the Abused and Neglected Child Reporting Act and sign the acknowledgement form included with this information. Please return this form to the district.

Upon complete review of application form and appropriate verifications, the district will notify you of acceptance to volunteer with the district. This process may take up to 10 days to complete.

Sincerely,

Brian Kurz, Superintendent of Schools
El Paso Gridley Unit District # 11

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

Address: _____
Street City State Zip

Phone Number: (____) _____ - _____

Emergency contact: _____ Phone: _____

Have you ever been a school volunteer? Yes No

If Yes, Name of School: _____

Name(s) of any child(ren) or other family members active in district sponsored events

School(s) where you wish to volunteer

AVAILABILITY:

Entire School Year (September-June) Program/Short Term Project

Summer School (July) Other _____

Time Available: Morning (____ to ____)
Afternoon (____ to ____)

M	<input type="checkbox"/>	T	<input type="checkbox"/>	W	<input type="checkbox"/>	TH	<input type="checkbox"/>	F	<input type="checkbox"/>
M	<input type="checkbox"/>	T	<input type="checkbox"/>	W	<input type="checkbox"/>	TH	<input type="checkbox"/>	F	<input type="checkbox"/>

REFERENCES:

Please provide professional and/or personal references:

1. _____
Name Phone

2. _____
Name Phone



El Paso Gridley Unit #11
DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS
(BHR Fingerprint - School)

Disclosure

El Paso Gridley Unit #11 has contracted with Bushue Background Screening in connection with my application for employment (including contract or volunteer services), I understand consumer reports will be requested by you ("End-User"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, work experience, education, accidents, licensure, credit (as allowed by law – where required, you will be presented with additional disclosures), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records. If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Authorization

I, _____, hereby authorize procurement of consumer report(s) and investigative consumer report(s) by End-User. If hired (or contracted), 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, or volunteer period. 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 I have the right to make a request to the consumer reporting agency: Bushue Human Resources, Inc. d/b/a Bushue Background Screening ("Agency"), 302 East Jefferson Avenue, Suite B, Effingham, IL 62401, telephone number (217) 342-3042 or toll free at (877) 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 End-User is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report End-User receives on me at the time the report is provided to End-User. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (CTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

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).



El Paso Gridley Unit #11

(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 (if under the age of 18, parent/guardian signature is required):				Date:	

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. The **El Paso Gridley CUSD #11** reserves the right to reject any applicant for any legitimate, nondiscriminatory reason.

Do you current have any outstanding criminal charges or warrants for your arrest pending against you?

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:

WAIVER OF LIABILITY & AUTHORIZATION FOR REFERENCE & CRIMINAL BACKGROUND CHECKS

El Paso Gridley CUSD #11 provides liability insurance coverage for approved volunteers who assist in school district activities or functions. However, volunteers are not eligible for numerous programs or insurance, such as health and life insurance, worker's compensation or unemployment compensation. The District provides no health or life insurance for volunteers.

You should report any injury or loss incurred while serving as a volunteer to the District Superintendent in writing. Ask your supervisor to assist if you have questions. Under limited circumstances, you might be eligible for modest amounts of coverage personal injury insurance maintained by the District.

I represent that I am physically and medically capable of participating in all the activities for which I volunteered and that there are no restrictions on my ability to carry out those activities, except those I have stated in my application to volunteer. I waive claims of all kinds against the school board, school district, and its employees, agents and assigns, and assume all risks of loss, property damage, personal injury or death arising out of or related to my volunteer activities.

Volunteer Signature

Date

Print Name

Witness Signature

Date

El Paso Gridley CUSD #11

State of Illinois – Dept. of Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____ understand that when I am volunteering as

_____ at El Paso Gridley CUSD #11:

I will become a mandated reporter under the Abused and Neglected Child Reporting Act (IL. Rev. Stat. 1985, ch. 23, pars. 2051 et seq.). This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-252-2373) 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 students and me 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. (This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.)

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 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.

Printed Name

Date

Signature