

# Freeburg Community Consolidated School District No. 70

408 SOUTH BELLEVILLE STREET – FREEBURG, IL 62243

Phone: 618-539-3188 – Fax: 618-539-5795



## VOLUNTEER INFORMATION FORM

Only One Form Needs to be Completed by a Volunteer Each School Year.

Name: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street City Zip Code*

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

DOB: \_\_\_\_\_ Driver's License Number \_\_\_\_\_

1. Are you now or have you ever been a school volunteer? ☐ Yes ☐ No
  - a. If yes, what year(s)? \_\_\_\_\_
  - b. If yes, what school(s)? \_\_\_\_\_
2. The name of any child attending Freeburg Community Consolidated School District No. 70:  
\_\_\_\_\_  
\_\_\_\_\_
3. How many days a week can you volunteer? Please include specific days:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What hours are you available to volunteer? Please include specific hours for each day:  
\_\_\_\_\_  
\_\_\_\_\_

5. I would like to assist/volunteer in the following manner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Character References (please include two (2) non-family members who would be supportive of your working with children): *Name, Address, Email & Telephone*

a. \_\_\_\_\_  
\_\_\_\_\_  
b. \_\_\_\_\_  
\_\_\_\_\_

7. Have you ever been convicted of an offense which requires you to appear on a *Sex Offender Registry* in any jurisdiction? ☐ Yes ☐ No

a. If yes, list all offenses

<i>Offense</i>	<i>Date</i>	<i>Location</i>

**BACKGROUND CHECK AUTHORIZATION**

The Illinois School Code requires all employment applicants with a school district, including persons or firms holding contracts to provide work with/for the district, or who have direct contact with the pupils of any district school, to authorize a fingerprint-based criminal history records check to determine if the applicant has been convicted of certain enumerated offenses and a check of criminal and child welfare agency databases.

Accordingly, I authorize Freeburg Community Consolidated School District No. 70 ("School District") and the Freeburg Police Department to check for my name on the Statewide Illinois Sex Offender Database. I further authorize the School District and the Freeburg Police Department to check for my name on the Illinois Statewide Child Murderer and Violent Offenders Against Youth Database. I further authorize the School District and the Freeburg Police Department to check for my name on the National Sex Offender Database. I further authorize the School District and the Freeburg Police Department to obtain information from the Department of Children and Family Services ("DCFS") or any other child welfare agency of another jurisdiction regarding the inquiry into any indicated findings of abuse or neglect as indicated in their respective databases. I understand that certain convictions could exclude me from working with/for the School District and could result in the suspension, revocation, or surrender of my teaching certificate(s) (if applicable).

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*Volunteer Name (please print)*

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*Volunteer Signature*

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*Date*

**WAIVER OF LIABILITY**

Freeburg Community Consolidated School District No. 70 does not provide insurance coverage to non-District personnel serving as volunteers for the School District. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the School District and to document the volunteer's acknowledgment that they are providing volunteer service at their own risk.

**BY YOUR SIGNATURE BELOW**

You acknowledge that the Freeburg Community Consolidated School District No. 70 does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer's unpaid service to the School District.

You agree to assume all risk for death or any loss, injury, illness, or damage of any nature or kind, arising out of the volunteer's supervised or unsupervised service to the School District. You also agree to waive any and all claims against the School District, or its officers, School Board Members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of the volunteer's supervised or unsupervised service to the School District.

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*Volunteer Name (please print)*

\_\_\_\_\_  
*Volunteer Signature*

\_\_\_\_\_  
*Date*

**FOR SCHOOL USE ONLY**

General Description of Assignment(s):

- ☐ Supervising students as needed by a teacher
- ☐ Supervising students during a regularly scheduled activity
- ☐ Assisting with academic programs
- ☐ Assisting at the resource center or main office
- ☐ Other \_\_\_\_\_

Name of Supervising Staff Member: \_\_\_\_\_

Child Sex Offender List Checked By: \_\_\_\_\_ on \_\_\_\_\_  
(Mandatory)

Statewide Sex Offender Database Checked By: \_\_\_\_\_ on \_\_\_\_\_  
(Mandatory)

***To Be Completed By the Building Principal:***

Will the individual be working over a long period of time in direct contact with students where no staff member is continuously present or in other situations where a criminal history records check would be prudent? ☐ Yes ☐ No

If "yes," and provided the individual authorized the criminal history records check, please provide the following:

Date that the check was requested: \_\_\_\_\_

Date that the check was received and reviewed: \_\_\_\_\_

Check reviewed by (please print): \_\_\_\_\_

\_\_\_\_\_  
*Signature of Reviewer*

\_\_\_\_\_  
*Date*