

RPS 205 Volunteer Form

Family and Community Engagement Department

facdepartment@rps205.com

Contractual Volunteers (athletics, band grandparent, overnight): Please return the completed form to your athletic director or school contact. Fingerprinting background checks must be cleared before volunteering. **All contractual volunteers must complete the Contractor Background Check form.**

General Volunteers: Please return the completed form to your school.

Volunteer's name must match driver's license or state ID

First Name: _____ Middle Initial: _____

Last Name: _____ D.O.B.: _____

E-mail Address: _____

Phone Number: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact: _____ Phone: _____

School(s) where you will volunteer: _____

Volunteer Organization (if applicable): _____

Volunteer Role: select all that apply

- Field Trip Chaperone Overnight Field Trip Chaperone Classroom Volunteer
- Athletics Band Grandparent Other _____

Relationship to the school:

- Parent/Guardian Grandparent Community Member District Employee Other _____

OFFICE USE ONLY

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date of state sex offender registry check: _____ Date of national sex offender registry check: _____ Date of CMVO registry check: _____ Fingerprinted CHBC date cleared: _____ Administrator Signature _____ Date _____
-----------------------------------	---------------------------------	---

RPS 205 Volunteer Form

Criminal Conviction Information (Applicants are not obligated to disclose sealed, reversed, or expunged records of conviction.)

Are you a "sex offender" as defined by the Sex Offender Registration Act or a "violent offender against youth" as defined in the Child Murder and Violent Offender Against Youth Registration Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been found under the Juvenile Court Act to be a perpetrator of sexual or physical abuse of any minor under 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of committing first-degree murder, conspiracy to commit first-degree murder, or a Class X felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any offense defined in the Cannabis Control Act except possession offenses involving less than 10 grams and/or manufacture, delivery, or possession with intent to deliver offenses involving less than 2.5 grams; or have you ever failed to fulfill the conditions of probation required by the court following conviction of an offense defined in the Cannabis Control Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any offense defined in the Illinois Controlled Substances Act, except any offense for which you were placed on probation under the provisions of Section 410 of that Act; or have you ever failed to fulfill the conditions of probation required by the court following conviction of any offense defined in the Illinois Controlled Substances Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any offense defined in the Methamphetamine Control and Community Protection Act, except any offense for which you were placed on probation under the provisions of Section 70 of that Act; or have you ever failed to fulfill the conditions of probation required by the court following conviction of any offense defined by the Methamphetamine Control and Community Protection Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any attempt to commit any of the foregoing offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of any offense committed or attempted in any other state or against the laws of the United States that, if committed or attempted in this State, would have been punishable as one or more of the foregoing offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the past seven years, have you been convicted of any other felony under the laws of this State or of any offense committed or attempted in any other state or against the laws of the United States that, if committed or attempted in this State, would have been punishable as a felony under the laws of this State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any indicated finding of child abuse filed in your name? If yes, explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No



RPS 205 Volunteer Form

Volunteer Expectations

Be on time. Please notify the teacher/counselor/school contact if you cannot attend at your scheduled time.

Communicate. Don't hesitate to call, send an email, or ask for a meeting to discuss any problems or concerns.

Support the programs of the classroom teachers and school staff. The volunteer's role is one of assistance.

Be a positive role model for students through your good attitude, behavior, language, and dress. Let your conversations show respect for others, and avoid language that may be perceived as discriminatory, sexist, or offensive.

Be respectful of our students' diversity of culture, religion, and background. Don't assume the student celebrates the same holidays (Christmas, Easter, Halloween, or even birthday). Also, don't assume the make-up of the student's "family" (size, race, or gender). Practice correct pronunciation of the students' names if they are unfamiliar.

Be confidential. Respect the confidential information you may learn about the academic performance, behavior, and personal information of the students you work with. Discuss concerns with the teacher or volunteer coordinator, not with other volunteers, parents, or friends.

Notify the teacher, principal, or volunteer coordinator if a student tells you something, or you notice something that may indicate their safety is at risk or they are in emotional distress. Staff will do the necessary follow-up.

Protect privacy. Do not ask for a student's address or phone number, and do not share yours with students.

Maintain contact only in the school setting. Do not initiate contact with students you work with or their families outside of the school or program setting.

Photos of students are private. Please do not take pictures of students. If you are provided a photo of a student, please do not share the photo on social media, photo libraries, or other forums that are accessible to others.

Ensure positive closure. If you plan on ending your volunteer involvement before the end of the year, please notify your teacher and the volunteer coordinator. If you are working with a student, be clear about your final date with them, and let them know you have enjoyed working with them.

RPS 205 Volunteer Form

Waiver of Liability

The School District does not provide insurance coverage to non-District personnel serving as volunteers for the School District. The purpose of this waiver is to give 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 signing below:

You acknowledge that the School District 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.

You understand that your status as a volunteer will be contingent upon successful clearance of a check of the Illinois Sex Offender Registry, National Sex Offender Registry, and the Illinois Violent Offenders Against Youth database maintained by the Illinois State Police.

You agree that the information provided in this application is true in all respects. If the information given is found to be false in any way, the District shall exclude you from being considered for volunteer service or would be cause for termination of such services.

Volunteer Name (please print)

Volunteer Signature

Date

Please submit completed form to:

Email: facedepartment@rps205.com

-OR-

Mail: Rockford Public Schools, District #205
Family and Community Engagement Department
501 7th St., 4th floor
Rockford, IL 61104

State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: [] -- [] -- [] Gender: Male Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed Date

Submit by mail OR fax OR email.
Mail to: Department of Children and Family Services 406 E. Monroe – Station # 30 Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@illinois.gov

Please type, use bold letters or label:

_____	(Submitting Agency Fax Number)
<u>facdepartment@rps205.com</u>	(Submitting Email Address)
<u>ROCKFORD PUBLIC SCHOOLS, DISTRICT #205</u>	(Agency Name)
<u>FAMILY AND COMMUNITY ENGAGEMENT DEPARTMENT</u>	(Contact Person)
<u>501 7TH ST., 4TH FLOOR</u>	(Address)
<u>ROCKFORD, IL 61104</u>	(City/State/Zip)

Print Form

