



Des Plaines School District 62 Volunteer Program
Volunteer Application

First Name _____ Last Name _____

Address _____

City _____ Zip _____

Daytime Phone _____ Cell Phone _____

Email
address _____

Position Desired – Please check one:

- | | |
|--|---|
| <input type="checkbox"/> General Volunteer | <input type="checkbox"/> Administration Center Office Support |
| <input type="checkbox"/> After-School Activities Volunteer | <input type="checkbox"/> Board of Education Volunteer |
| <input type="checkbox"/> Business Partner Volunteer | <input type="checkbox"/> Career/Technical Skills Volunteer |
| <input type="checkbox"/> Chaperone Volunteer | <input type="checkbox"/> Classroom Assistant Volunteer |
| <input type="checkbox"/> Clerical Assistant Volunteer | <input type="checkbox"/> Clinic Volunteer |
| <input type="checkbox"/> Community Resource Volunteer | <input type="checkbox"/> D62 Education Foundation Volunteer |
| <input type="checkbox"/> Field Trip Volunteer | <input type="checkbox"/> Library/Media Volunteer |
| <input type="checkbox"/> Office Assistant Volunteer | <input type="checkbox"/> Tutor Volunteer |

Preferred Grade Level(s): _____

Preferred Teacher(s): _____

Preferred School(s): _____

Optional Work & Volunteer Experiences and Hobbies: _____

TURN PAGE OVER, COMPLETE & SIGN → → → → →

Language Proficiency:

Do you know any language other than English? _____ Yes _____ No

If yes, please indicate which language(s)_____

Emergency Contact:

Name_____ Phone_____

Relationship to You_____

Have you ever been convicted of a criminal offense other than a minor traffic violation?

_____ Yes _____ No

If yes, explain, giving dates: _____

Have you ever had any indicated finding of child abuse filed in your name?

_____ Yes _____ No

If yes, explain, giving dates: _____

Does your name appear on any Sex Offender Database in any state or country?

_____ Yes _____ No

By signing below, candidate authorizes the school district to conduct an investigation of candidate pursuant to The School Code to determine whether candidate has been convicted of any criminal or drug offenses as set forth in such statute, and, upon request, agrees to execute an investigation authorization form as a condition for volunteering. The School Code also stipulates that the School District perform a check on the Statewide Sex Offender Database. Candidate may not volunteer unless such investigations have been initiated.

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for dismissal. I authorize the use of any information in the application to verify my statement.

Printed Name

Signature

Date

Volunteer Coordinator to Check Illinois Sex Offender List

Printed Name

Signature

Date