

Volunteer Application Form

Chester-East Lincoln Elementary

Volunteer Name: _____
Last First MI

Maiden Name or if known by any other name: _____

Check One:

- ☐ Parent/Guardian
- ☐ Family Member (non-parent)
- ☐ Student
- ☐ Community Member (non-parent)
- ☐ Other (please specify) _____

Address: _____
Street City State Zip

Phone Number: (____) ____-____ **Cell Phone:** (____) ____-____

Emergency Contact: _____ **Phone:** (____) ____-____

Name(s) of children/family attending Chester-East Lincoln:

Availability

- ☐ Anytime during the school year (September - June)
- ☐ Field Trips/Special Activities
- ☐ Days Available (**circle**): Monday Tuesday Wednesday Thursday Friday
- ☐ Times Available: _____ to _____

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. CEL #61 reserves the right to reject any applicant for any legitimate, nondiscriminatory reason, at its sole discretion.

Do you currently have any criminal charges or warrants for your arrest pending against you? Yes No

If yes, please explain: _____

Have you ever been convicted of a felony criminal offense and/or misdemeanor or felony criminal offenses involving illegal substances? 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: -----



Acknowledgement

The purpose of this notice is to inform prospective volunteers that they do not have insurance coverage from the District and to document the volunteer's acknowledgement and agreement that he/she is providing volunteer service at his/her own risk. By signing below:

- 1. You acknowledge that Chester-East Lincoln CCSD #61 does not provide insurance coverage for any loss, injury, illness or death resulting from your unpaid services to the District.*
- 2. You agree to assume all risk of injury, illness, damage or loss of any nature or kind, arising out of your volunteer assignments, whether supervised or unsupervised and your service to the District. You agree to waive any and all claims against the District, its Board Members, employees, agents or assigns, or their successors for loss due to death, injury, illness or damage of any kind arising out of your service to the District.*

By signing below you also acknowledge that:

- 1. Your time and service as a volunteer is given without the promise, expectation, or receipt of any form of compensation, benefits, or other remuneration for this service.*
- 2. Either the District or you can terminate your volunteer services at any time for any reason.*

Volunteer Printed Name: -----

Volunteer Signature: ----- Date: -----

For Office Use:

- Criminal Background Check Completed*
- Federal Sex Offender Database Check Completed*
- State Sex Offender Database Check Completed*
- Child Murder and Violent Offender against Youth Database Completed*
- Mandated Reporter Form Completed*



Chester East Lincoln CCSD #61

DISCLOSURE FOR CONSUMER REPORTS

READ CAREFULLY BEFORE SIGNING

Chester East Lincoln CCSD #61 ("end-user") has contracted with Bushue Background Screening in connection with my application for employment, volunteerism, contracted services, tenancy, enrollment, acceptance into a program, and/or other reasons. I understand consumer reports will be requested by you the end-user. These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, fingerprint records etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

I understand the end-user can use this disclosure in connection to obtaining consumer reports throughout my employment, volunteer services, contracted service, tenancy, enrollment, etc. with the end-user.

Signature: _____ Date: _____



Chester East Lincoln CCSD #61

AUTHORIZATION FOR CONSUMER REPORTS

READ CAREFULLY BEFORE SIGNING

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by End-User. In connection with the End-User, 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, volunteer period, or other affiliation to the End-User. 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 that I have the right to make a request to the consumer reporting agency: ("Agency"), Bushue Background Screening, 302 E. Jefferson Avenue, Effingham, IL 62401, telephone number (217) 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 Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me. Check here (only if this applies): ☐

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).

I authorize End-User and Agency to use email communication with me to provide me with notices and information regarding any report or use of such report.

Signature: _____ Date: _____



Chester East Lincoln CCSD #61

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