



# Criminal Record Check Form for Potential School Volunteers

Please note that, while this form must be completed each year that an individual would like to volunteer, only one form needs to be completed in instances where there are multiple children in the district.

Please Circle All Applicable:      CES      BES      GES      GIS      GMS      GHS      PTO      BOOSTERS

**\*\*\*IN ORDER TO PROVIDE A SAFE ENVIRONMENT FOR OUR CHILDREN, THIS FORM MUST BE COMPLETED ANNUALLY IN ORDER TO REMAIN ON THE VOLUNTEER LIST\*\*\***

A Criminal Record Check is requested on the following individual who has indicated a desire to participate as a **supervised** volunteer in our schools. The District requires that a background check be made to provide for the most positive influence on our children.

Child's Name \_\_\_\_\_

Volunteer Name \_\_\_\_\_

Please PRINT      First      Middle      Maiden      Last

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Length of Residence in Sangamon County: \_\_\_\_\_ Previous County of Residence: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you ever been approved as a school volunteer in the past: YES  NO  Year? \_\_\_\_\_

Have you ever been convicted of any crimes other than a minor traffic ticket? YES  NO

If yes, list all offenses:

Offense:	Date:	Location:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your name appear on the Sex Offender Database Registry? YES  NO

Does your name appear on the Illinois Murderer and Violent Offender Against Youth Registry? YES  NO

Does your name appear on the Dru Sjodin National Sex Offender Public Website? YES  NO

### Waiver of Liability and Authorization of Release:

Ball-Chatham CUSD #5 does not provide insurance coverage to non-District personnel serving as volunteers. The purpose of this waiver is to provide notice to prospective volunteers that they are providing services at their own risk. By your signature below, you agree to assume all personal risk and agree to waive any and all claims against the District, its employees, and School Board Members. Further, I hereby consent to the release of any public record information requested by Ball-Chatham CUSD#5.

Volunteer Name (print): \_\_\_\_\_ Volunteer Signature: \_\_\_\_\_

### For District Office Use:

Human Resources Approval: YES  NO  If not, please attach documentation as to the reason.

Date Background Checked: \_\_\_\_\_