



Criminal Record Check Form for all 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 completed in instances where there are multiple children in the district.

Please Circle All Applicable: CE BE GE GIS GMS GHS PTO BOOSTERS

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

VOLUNTEER RECORD CHECK

A Criminal Record Check is requested on the following individual who has indicated a desire to participate as a **supervised** volunteer in our schools. Our 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 approved, attach documentation as to reason.)
 Checked by: _____
 Date Background & All Applicable Websites Checked: _____