



2017-2018

Parent & Community Engagement Department
815-966-3271

ROCKFORD READS VOLUNTEER INFORMATION

We appreciate your interest in volunteering with Rockford Public School District #205. Please complete the information below and return this form to: **The Parent and Community Engagement Department Attn: Marsha Sisney, 501 7th Street, 4th floor 406-D, Rockford, IL. 61104 or sisneym@rps205.com**

Today's Date: _____

Volunteer's First Name: _____ *Middle Initial:* _____

Volunteer's Last Name: _____ *Volunteer's D.O.B.:* _____

Address: _____

City: _____ *County:* _____

State: _____ *Zip Code:* _____

Home phone: _____ *Mobile number:* _____ *Work:* _____

E-Mail Address: _____

Emergency Contact: _____ ***Phone:*** _____

List the RPS school(s) you will be volunteering with: _____

Volunteer Program/Organization: _____ **Rockford Reads**

Day(s) Available: _____ *Mon.* _____ *Tue.* _____ *Wed.* _____ *Thurs.* _____ *Fri.*

____ *AM* ____ *Afternoon* ____ *PM*

Grade Level: **2**

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

<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever been found under the Juvenile Court Act to be a perpetrator of sexual or physical abuse of any minor under the age of 18 years of age?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever been convicted of committing first degree murder, conspiracy to commit first degree murder, or a Class X felony?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever been convicted of any attempt to commit any of the foregoing offenses?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever had any indicated finding of child abuse filed in your name? If yes explain:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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 provide 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 your signature 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 and/or the 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, and you agree that 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 forms:

Fax: 815.489.2756

Mail: Rockford Public Schools District 205

Parent and Community Engagement Department

501 7th Street 4th floor

Rockford, IL. 61104

(Forms can also be dropped off at the above address or school in which you are volunteering)

OFFICE USE ONLY: Approved Denied

State/Nat'l Sex Offender Registry: _____ Child Murderer Registry: _____

Administrator Signature: _____ Date: _____

Date Cleared Fingerprinting Background Check: _____ RAPTOR ENTRY DATE: _____

Notes:

