

CALHOUN COMMUNITY UNIT SCHOOL DISTRICT #40

VOLUNTEER REGISTRATION FORM

VOLUNTEER INFORMATION

Last Name	First	Middle	Sex: M F
Mailing address	City	State	Zip
911 or Physical Address	City	State	Zip
Phone Number	Driver's License Number		

EMERGENCY CONTACT INFORMATION

Name:		
Home Phone:	Work Phone:	Cell Phone:
Name:		
Home Phone:	Work Phone:	Cell Phone:

I UNDERSTAND AND AGREE TO THE FOLLOWING CONDITIONS:

- (1) I authorize the Superintendent or his designee to use my personal information for the purpose of a background check using the Illinois State Police Database for Sexual Offenders and Violent Offenders Against Youth.
- (2) I understand that if the background check reveals a prior record in the Illinois State Police Database, I will not be allowed to volunteer at the school.
- (3) I understand that if I am working closely with students and at anytime away from the direct vision of the classroom teacher I must agree to a fingerprint analysis as part of a background check procedure.
- (4) I understand that I will maintain confidentiality regarding observations/discussions regarding students and staff and that any violation of confidentiality will result in a loss of volunteer opportunities.

Parent Signature

Date

**Place the volunteer's Driver's License
in this box and copy.**