

## **Volunteer Application Instructions**

Thank you for your interest in volunteering with Okaw Valley CUSD #302. To ensure the safety and security of all children and staff members, anyone interested in volunteering is required to complete this packet of information and return it to the district **at least five days prior to the volunteer assignment.**

### **1. Volunteer Application Form**

This is an application form to be completed, which provides the preliminary information needed to consider your interest in volunteering. Please complete this application form in its entirety and return it to the district.

### **2. Disclosure and Authorization**

To ensure the safety of each and every student, our district will complete a background check on each individual interested in volunteering. The check may consist of the following:

- References listed on the application - As necessary/applicable
- Employer(s)/Previous employer(s) - As necessary/applicable
- Sex Offender List - Required by Law (Federal & State)
- Child Murderer and Violent Offender Against Youth Database - Required by Law
- Criminal Background Check - As required by Insurance Carrier/District Policy
- Any other checks as required by law

Please complete the Disclosure and Authorization Form and return it to the district.

### **3. Summary of Rights**

The Summary of Rights explains your rights under the Fair Credit Reporting Act. This information is for you to read and keep.

### **4. Acknowledgement of Mandated Reporter Status**

Each volunteer is required to become familiar with the Abused and Neglected Child Reporting Act and sign the acknowledgement form included with this information. Please return this form to the district.

Upon complete review of your application form and appropriate verifications, the district will notify you of acceptance to volunteer with the district. This process may take up to 10 days to complete.

# Volunteer Application Form

## PERSONAL INFORMATION:

Name: \_\_\_\_\_  
*Last* *First* *MI*

Maiden Name or if known by any other name: \_\_\_\_\_

Check One: \_\_\_ parent/guardian \_\_\_ community member (non-parent) \_\_\_ student

Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been a school volunteer? \_\_\_ Yes \_\_\_ No

If Yes, Name of School: \_\_\_\_\_

Name(s) of any child(ren) or other family members active in district sponsored events  
\_\_\_\_\_

School(s) where you wish to volunteer:

\_\_\_ Elementary School \_\_\_ Middle School \_\_\_ High School

## AVAILABILITY:

\_\_\_ Entire School Year (September – June) \_\_\_ Program/Short Term Project

Other \_\_\_\_\_

Time Available: Morning (\_\_\_\_\_ to \_\_\_\_\_) M T W Th F

Afternoon (\_\_\_\_\_ to \_\_\_\_\_) M T W Th F

Number of hours/wk: \_\_\_\_\_

## REFERENCES

Please provide professional and/or personal references:

1. \_\_\_\_\_  
*Name* *Phone*

2. \_\_\_\_\_  
*Name* *Phone*

**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. Okaw Valley CUSD #302 reserves the right to reject any applicant for any legitimate, nondiscriminatory reason.

Do you currently have any outstanding criminal charges or warrants for your arrest pending against you?  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:

---

---

**WAIVER OF LIABILITY & AUTHORIZATION FOR REFERENCE & CRIMINAL BACKGROUND CHECKS**

Okaw Valley CUSD #302 provides liability insurance coverage for approved volunteers who assist in school district activities or functions. However, volunteers are not eligible for numerous programs or insurance, such as health and life insurance, workers compensation or unemployment compensation. The District provides no health or life insurance for volunteers. You should report any injury or loss incurred while serving as a volunteer to the District Superintendent in writing. Ask your supervisor to assist if you have questions. Under limited circumstances, you might be eligible for modest amounts of coverage personal injury insurance maintained by the District.

I represent that I am physically and medically capable of participating in all the activities for which I have volunteered and that there are no restrictions on my ability to carry out those activities, except those I have stated in my application to volunteer. I waive claims of all kinds against the school board, school district, and its employees, agents and assigns, and assume all risks of loss, property damage, personal injury or death arising out of or related to my volunteer activities.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness signature Date

**For School District Use Only:**

General Description of Approved Volunteer Activities:

---

---

---

Name(s) of Supervising Staff, Faculty of Administration

---

---

- Federal sex offender database check completed
- State sex offender database check completed
- Criminal history check completed
- Child Murder and Violent Offender against Youth Database Completed

---

Administration Approval Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

## DISCLOSURE AND AUTHORIZATION

### [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION] NOTICE REGARDING BACKGROUND INVESTIGATION

The Okaw Valley CUSD #302 ("the District") may obtain information about you from a consumer-reporting agency for volunteer purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation and personal characteristics. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, fingerprint test by state police and/or FBI, or other background checks if applicable. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for volunteer services is an investigation into your criminal history conducted by Bushue Human Resources, Inc., 104 N. Second St., Suite B, Effingham, IL 62401, (217) 342-3042, or toll free at (877) 342-3042, or another outside organization. The scope of this notice and authorization is all encompassing, however, allowing Okaw Valley CUSD #302 to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your volunteer services to the extent permitted by law.

### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the District at any time after receipt of this authorization and throughout my volunteer services, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Bushue Human Resources, Inc., 104 N. Second St., Suite B, Effingham, IL 62401, (217) 342-3042, or toll free at (877) 342-3042, another outside organization acting on behalf of Okaw Valley CUSD #302, and/or the District itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names/Alias \_\_\_\_\_

Social Security\* # \_\_\_\_\_ Date of Birth\* \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Driver's License \_\_\_\_\_

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*This information will be used for background screening purposes only and will not be used as hiring/volunteer criteria.*

***Para information en español, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer ResponseCenter, Room 130-A 600 Pennsylvania Ave. N. W., Washington, D. C. 20580.***

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

**For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you

in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free.

You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identify theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your creditworthiness

based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your

file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.**

Inaccurate, incomplete or unverifiable information must be removed or corrected, 2 usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.**

In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, Employer, landlord, or other business. The FCRA specifies those with a valid need for access.

**• You must give your consent for reports to be provided to Employers.**

A consumer reporting agency may not give out information about you to your Employer, or a potential Employer, without your written consent given to the Employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**• You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.**

Unsolicited “prescreened” offers for credit and insurance must include a tollfree phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 888-5-OPT-OUT (888-567-8688) or [www.optoutprescreen.com](http://www.optoutprescreen.com).

**• You may seek damages from violators.**

If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

**• Identity theft victims and active duty military personnel have additional rights.**

For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General Federal enforcers are:**

**TYPE OF BUSINESS: CONTACT:**

Consumer reporting agencies, creditors and others not listed below Federal Trade Commission: Consumer Response enter – FCRA

Washington, DC 20580 1-877-382-4357

National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)

Office of the Comptroller of the Currency

Compliance Management, Mail Stop 6-6

Washington, DC 20219 800-613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Federal Reserve Board

Division of Consumer & Community Affairs

Washington, DC 20551 202-452-3693

Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)

Office of Thrift Supervision

Consumer Complaints

Washington, DC 20552 800-842-6929

Federal credit unions (words “Federal Credit Union” appear in institution’s name)

National Credit Union Administration

1775 Duke Street

Alexandria, VA 22314 703-519-4600

State-chartered banks that are not members of the Federal Reserve System

Federal Deposit Insurance Corporation

Consumer Response Center, 2345 Grand

Avenue, Suite 100

Kansas City, Missouri 64108-2638 1-877-275-3342

Air, surface, or rail common carriers regulated by former Civil

Aeronautics Board or Interstate Commerce Commission

Department of Transportation, Office of

Financial Management

Washington, DC 20590 202-366-1306

Activities subject to the Packers and Stockyards Act, 1921 Department of Agriculture Office of Deputy Administrator – GIPSA

Washington, DC 20250 202-720-7051

# Okaw Valley CUSD #302

State of Illinois – Dept. of Children & Family Services

## ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, \_\_\_\_\_ understand that when I am working and/or  
*(Name)*

volunteering for Okaw Valley CUSD #302 in my official capacity and/or professional:

I will become a mandated reporter under the Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me in my professional or official capacity is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor.

I also understand that if I am subject to licensing under the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date