

VOLUNTEER BACKGROUND CHECKS

1. Any person who wishes to volunteer in any capacity at Dwight Public Schools will now be required to go through a Volunteer Background Check. Requirements for this investigation are:
 - a) Completion of a Volunteer Disclosure and Authorization form;
 - b) Providing a valid form of picture identification (Driver's License is requested) for copying (**please do not fax your driver's license to the school—a faxed copy cannot be read and your background check will not be complete without it!!**), and;
 - c) Signing-in at the school's Main Office on days when you are volunteering.
2. The Volunteer Disclosure and Authorization form is a standard form to gather information necessary for us to do a mandatory minimal background check on all adults who are in contact with students of our school districts. The information on this form will only be used for the background check and will not be shared outside of the District Office and Administration of Dwight Public Schools and/or law enforcement agency with whom the background check is performed. This information will be used to check the Illinois and National Sex Offender Registries as well as the Violent Offender Registry. This information will only be required one time per school year and will work for both school districts.
3. **This information is being requested in the interest of safety for all of our students.**
4. If you have any questions or comments regarding this request, please direct them to Dr. Richard Jancek, Superintendent, Dwight Public Schools, 801 S. Franklin St., Dwight, IL 60420. He may be reached at (815) 584-6216 or by email at jancekr@dwright.k12.il.us.

Thank you for your cooperation with this new policy and also for your dedication to the students of Dwight Public Schools. You are very appreciated!

VOLUNTEERING- DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

This release shall be limited to non-fingerprint based screens for Volunteers relating to the undersigned.

NOTICE REGARDING BACKGROUND INVESTIGATION

Dwight PSD #230 &232 ("the School") may obtain information about you from a consumer reporting agency for purposes of volunteering. These reports may contain information regarding your criminal history, motor vehicle records ("driving records"), or other background checks. 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 consumer report. Please be advised that the nature and scope of the most common form of consumer report obtained with regard to applicants and volunteers is a fingerprint test by the state police and/or FBI 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 **Dwight PSD #230 &232** to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your service to the School 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 School at any time after receipt of this authorization and throughout my service, 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 **Dwight PSD #230 &232**, and/or the School 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 /Alias _____

Driver's License # and State _____ County _____

Present Address _____ Phone Number _____

City/State/Zip _____

Signature: _____ Date: _____