



Blue Ridge Intermediate and Junior High School

107 S. McKinley St.

Mansfield, IL 61854

PHONE 217-489-5201 FAX 217-489-9051

Name: _____ Phone number: _____

Mailing Address (include city/zip): _____

Email Address: _____ Gender: _____ Race: _____

Employer: _____ Occupation: _____

Please describe any special interests which may be helpful in matching you and your mentee (i.e., chess, computers, baseball, music, foreign language, crafts, etc.):

Other community interests and involvement:

Please describe any experience you have had working with young people:

Why do you wish to be a mentor at Blue Ridge?

What else would you like to include about yourself:

Please describe your personality (check all that apply):

☐ Quiet ☐ Shy ☐ Friendly ☐ Sensitive ☐ Inquisitive
☐ Outgoing ☐ Talkative ☐ Adventurous
☐ Confident ☐ Happy ☐ Excitable ☐ Nurturing

What personality would you prefer in a mentee? ☐ similar to you? ☐ unlike you?

Explain, if you wish:

Which grade(s) mentee would you most enjoy working with:

☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

List two preferences for time and day for mentoring:

1 -

2 -

References (not family members). Include your current or most recent employer.

Name:

Email:

Phone #:

Relationship to you:

1.

2.

3.

Where did you hear about the Blue Ridge Mentor Program? (check all that apply)

☐ Co-worker

☐ Newspaper

☐ Friend

☐ Employer

☐ Facebook

☐ School website

☐ Other (please specify)

MENTOR RELEASE STATEMENT

I, the undersigned, hereby state that if accepted as a Mentor, I agree to abide by the rules and regulations of the Blue Ridge Mentor Program. I understand that the program involves spending a minimum of 30-60 minutes per week at school with my mentee through the end of the school year. Further, I understand that I will attend an orientation and training session and communicate regularly with Blue Ridge staff regularly during this period. I will be committing to the current school year and then be asked to renew for another year. I have not been convicted, within the past ten years, of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or a violation involving a state or federally controlled substance. I am not under current indictment. I understand that a background check will be done to verify this information. Further, I hereby fully discharge school personnel, participating companies or organizations from any and all liability, claims, causes of action, costs, and expenses which may be attributable in the Blue Ridge Mentor Program.

I understand that the Blue Ridge Mentor Program and the relationships established take place during the confines of the school day in Mansfield, IL. It is not part of any relationship established between mentor/mentee and family members beyond the school day.

I have read the above Release Statement and agree to its contents. To the best of my knowledge and belief, all statements in this profile application are true and accurate.

(Signature)

(Date)

FOR OFFICE USE

____ Date application received

Interviewed by:

____ Date background check sent

____ Date of interview

____ Date Assigned

____ Date background check received

____ Approved?

Mentee Assignment:

____ Date references checked

____ Training completed

Memo

To: New Blue Ridge CUSD #18 Volunteers
From: Mrs. Susan E. Wilson, Superintendent, Blue Ridge CUSD #18
Re: Background Check Information

IMPORTANT!

Thank you for planning on volunteering for the Blue Ridge Community Unit School District #18.

The following information is very important and must be attended to immediately if you intend to volunteer for the District.

Before you may volunteer, a criminal background check must be performed on any person wishing to volunteer for the District.

Please complete the enclosed forms and return them to:

Blue Ridge CUSD #18
Attn: Kristi Wollung
411 N. John St.
Farmer City, IL 61842

Please return this packet of documents within 10 days.

When the results of the background check are received by the District Office, the principal of your child's attendance center will be notified. You will then be contacted by the school that your student attends so you will know you are clear to volunteer for our District.

The criminal background check is free of charge to you.

If you have any questions, please call Kristi at the Unit Office, 309-928-9141.

Once again, thank you for considering donating your time to the students of our District.



Blue Ridge CUSD #18

DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS
(BHR Volunteer Screen)

Disclosure

Blue Ridge CUSD #18 has contracted with Bushue Background Screening in connection with my application for employment (including contract or volunteer services), I understand consumer reports will be requested by you ("End-User"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, work experience, education, accidents, licensure, credit (as allowed by law - where required, you will be presented with additional disclosures), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records. If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Authorization

I, _____, hereby authorize procurement of consumer report(s) and investigative consumer report(s) by End-User. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for End-User to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information. This authorization is conditioned upon the following representations of my rights:

I understand I have the right to make a request to the consumer reporting agency: Bushue Human Resources, Inc. d/b/a Bushue Background Screening ("Agency"), 302 East Jefferson Avenue, Suite B, Effingham, IL 62401, telephone number (217) 342-3042 or toll free at (877) 342-3042, upon proper identification, to obtain copies of any reports furnished to End-User by the Agency and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the Agency, on End-User's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to End-User obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.bushuebackgroundscreening.com.

I understand that if the End-User is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report End-User receives on me at the time the report is provided to End-User. By checking the following box, I request a copy of all such reports be sent to me. Check here: ☐

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (CTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).



Blue Ridge CUSD #18
(BHR Volunteer Screen)

*Information below is being used for background screening purposes only.

PLEASE PRINT LEGIBLY					
Applicant's Legal Name (full name)	First:	Middle:	Last:		
Alias or Maiden Name	First:	Middle:	Last:		
Home Address:	Street Address:		City:	State:	Zip:
APPLICANT INFORMATION					
Date of Birth:		Social Security Number:			
____/____/____		____-____-____			
Phone Number:		Email Address:			
Driver's License Number:		State of Issuance:	Names as it Appears on Driver's License:		
Eye Color:	Hair Color:	Race:	Weight:	Height:	
				____ ft. ____ in.	
VOLUNTEERING INFORMATION					
School/Place:		Purpose (field trip, coach, classroom, etc.):			
APPLICANT SIGNATURE AND DATE					
Signature (if under the age of 18, parent/guardian signature is required):			Date:		

Blue Ridge Community Unit School District #18
411 North John Street, Farmer City, IL 61842 Phone 309-928-9141 Fax 309-928-5478

Volunteer Registration

Name _____

Address _____
Street City

State Zip

Phone # _____ Cell # _____ Work # _____

Fax # _____ E-Mail _____

Driver's License # _____ Social Security # _____

Emergency Contact _____
Name

Phone # Work # Cell #

Relationship to Volunteer

Attendance Center(s) Volunteer Serves _____

Position _____

Remarks: All volunteers must complete and submit these forms to the Unit Office, Blue Ridge CUSD #18 located at 411 North John Street, Farmer City, Illinois 61842. Each volunteer is required to authorize a criminal background check. All documents and the criminal background check must be completed and returned to the Unit Office before you can volunteer for the District.

Signature _____ Date _____

For Office Use Only:

Volunteer Registration Form On File	_____
Signed Volunteer Agreement Page Returned	_____
Mandated Reporter Form Returned	_____
Drug/Alcohol Free Workplace Form Returned	_____
Sexual Harassment Form Returned	_____
Waiver of Liability Form Returned	_____
Disclosure and Authorization Form Returned	_____

VOLUNTEER AGREEMENT SIGNATURE PAGE

VOLUNTEER POSITION DESCRIPTION: Facilitate Blue Ridge School District Schools

VOLUNTEER TASK/TRAINING CHECK LIST

This task/training check list must be completed, signed and returned before volunteerism commences. The school district reserves the right to assign and/or dismiss volunteers.

- ☐ Introduction to Staff
- ☐ Universal Precautions
- ☐ Use of Phones/Cell Phones
- ☐ Confidentiality
- ☐ Fire/Tornado Safety
- ☐ Security issues/how to report
- ☐ Vision/Mission
- ☐ Dress Code
- ☐ 'Do's and Don'ts' guidelines for appropriate communication standards
- ☐ Signing in sheets at school
- ☐ Badges
- ☐ Know your personal limits (as lifting a box, standing too long, etc.)
- ☐ Signed Mandated Reporter Form
- ☐ Signed Drug and Alcohol-Free Workplace Form
- ☐ Signed Receipt of Sexual Harassment Board Policy 5:20 Information Form
- ☐ Signed Waiver of Liability Form
- ☐ Completed and Signed Disclosure and Authorization Form to Conduct Background Check

REMEMBER:

- ⊗ Please sign in at the office when you arrive and sign out when you leave.
- ⊗ Wear your name tag for identification purposes.
- ⊗ Please call the school if you are unable to work at your specified time.

Volunteer Signature

Date

ATTACHMENTS:

Volunteer Registration Form
Volunteer Booklet
Volunteer Agreement Signature Page
Mandated Reporter Form
Drug and Alcohol Free Workplace Form
Sexual Harassment Board Policy 5:20 Information Form
Waiver of Liability Form
Disclosure and Authorization Form

Blue Ridge CUSD #18

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 Blue Ridge CUSD #18 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

General Personnel

Workplace Harassment Prohibited

The School District expects the workplace environment to be productive, respectful, and free of unlawful harassment. District employees shall not engage in harassment or abusive conduct on the basis of an individual's race, religion, national origin, sex, sexual orientation, age, citizenship status, disability, or other protected status identified in Board policy 5:10, *Equal Employment Opportunity and Minority Recruitment*. Harassment of students, including, but not limited to, sexual harassment, is prohibited by Board policy 7:20, *Harassment of Students Prohibited*.

Sexual Harassment Prohibited

The School District shall provide a workplace environment free of unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct, or communications constituting harassment on the basis of sex as defined and otherwise prohibited by State and federal law.

District employees shall not make unwelcome sexual advances or request sexual favors or engage in any unwelcome conduct of a sexual nature when: (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or (3) such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. Sexual harassment prohibited by this policy includes verbal or physical conduct. The terms intimidating, hostile, or offensive include, but are not limited to, conduct which has the effect of humiliation, embarrassment or discomfort. Sexual harassment will be evaluated in light of all the circumstances.

Making a Complaint: Enforcement

A violation of this policy may result in discipline, up to and including discharge. Any person making a knowingly false accusation regarding harassment will likewise be subject to disciplinary action, up to and including discharge. An employee's employment, compensation, or work assignment shall not be adversely affected by complaining or providing information about harassment. Retaliation against employees for bringing bona fide complaints or providing information about harassment is prohibited (see Board policy 2:260, *Uniform Grievance Procedure*).

Aggrieved persons, who feel comfortable doing so, should directly inform the person engaging in harassing conduct or communication that such conduct or communication is offensive and must stop.

Employees should report claims of harassment to the Nondiscrimination Coordinator and/or use the Board policy 2:260, *Uniform Grievance Procedure*. Employees may choose to report to a person of the employee's same sex. There are no express time limits for initiating complaints and grievances under this policy; however, every effort should be made to file such complaints as soon as possible, while facts are known and potential witnesses are available.

Whom to Contact with a Report or Complaint

The Superintendent shall insert into this policy the names, addresses, and telephone numbers of the District's current Nondiscrimination Coordinator and Complaint Managers.

Nondiscrimination Coordinator:

Name Susan Wilson, Supt.
Address 411 N. John Street
Farmer City, IL 61842
Telephone No. (309) 928-9141

Complaint Managers:

<u>Ryan Peyton, Principal</u>	<u>Katie Nichols, Principal</u>
Name	Name
<u>309 N. John St., Farmer City, IL 61842</u>	<u>107 S. McKinley St, Mansfield, IL 61854</u>
Address	Address
<u>rpeyton@blueridge18.org</u>	<u>knichols@blueridge18.org</u>
Email	Email
<u>309-928-9141</u>	<u>217-489-5201</u>
Telephone	Telephone
<u>John Lawrence, Principal</u>	
Name	
<u>411 N. John St., Farmer City, IL 61842</u>	
Address	
<u>jlawrence@blueridge18.org</u>	
Email	
<u>309-928-2622</u>	
Telephone	

The Superintendent shall also use reasonable measures to inform staff members and applicants of this policy, which shall include reprinting this policy in the appropriate handbooks.

LEGAL REF.: Title VII of the Civil Rights Act, 42 U.S.C. §2000e et seq.; 29 C.F.R. §1604.11.
Title IX of the Education Amendments, 20 U.S.C. §1681 et seq.; 34 C.F.R. §1604.11.
Ill. Human Rights Act, 775 ILCS 5/2-101(B), 5/2-102(D), 5/5-102, and 5/5-102.2.
56 Ill. Admin. Code Parts 2500, 2510, 5210, and 5220.
Burlington Industries v. Ellerth, 118 S.Ct. 2257 (1998).
Crawford v. Metro. Gov't of Nashville & Davidson County, 129 S. Ct. 846 (2009).
Faragher v. City of Boca Raton, 118 S.Ct. 2275 (1998).
Franklin v. Gwinnett Co. Public Schools, 112 S.Ct. 1028 (1992).
Harris v. Forklift Systems, 114 S.Ct. 367 (1993).
Jackson v. Birmingham Board of Education, 125 S.Ct. 1497 (2005).
Meritor Savings Bank v. Vinson, 106 S.Ct. 2399 (1986).
Oncale v. Sundown Offshore Services, 118 S.Ct. 998 (1998).
Porter v. Erie Foods International, Inc., 576 F.3d 629 (7th Cir. 2009).
Sangamon County Sheriff's Dept. v. Ill. Human Rights Com'n, 908 N.E.2d 39 (Ill., 2009).
Vance v. Ball State University, 133 S. Ct. 2434 (2013).

CROSS REF.: 2:260 (Uniform Grievance Procedure), 5:10 (Equal Employment Opportunity and Minority Recruitment), 7:20 (Harassment of Students Prohibited)

ADOPTED: October 16, 2013

I acknowledge receipt of a copy of the Blue Ridge Community Unit School District #18 Sexual Harassment Policy, Board Policy 5:20. I have read and understand this policy and agree to abide by its terms as a condition of my status as volunteer or mentor for the District.

Volunteer or Mentor's Signature

Date

General Personnel

Drug- and Alcohol-Free Workplace; Tobacco Prohibition

All District workplaces are drug- and alcohol-free workplaces. All employees are prohibited from engaging in any of the following activities while on District premises or while performing work for the District:

1. Unlawful manufacture, dispensing, distribution, possession, or use of an illegal or controlled substance, or being under the influence of any illegal substance or any detectible use of any illegal substance regardless of when or where the use occurred.
2. Distribution, consumption, use, possession, or being under the influence of an alcoholic beverage; being present on District premises or while performing work for the District when alcohol consumption is detectible, regardless of when and/or where the use occurred.
3. Possession or use of medical cannabis.

For purposes of this policy a controlled substance means a substance that is:

1. Not legally obtainable,
2. Being used in a manner different than prescribed,
3. Legally obtainable, but has not been legally obtained, or
4. Referenced in federal or State controlled substance acts.

As a condition of employment, each employee shall:

1. Abide by the terms of the Board policy respecting a drug- and alcohol-free workplace; and
2. Notify his or her supervisor of his or her conviction under any criminal drug statute for a violation occurring on the District premises or while performing work for the District, no later than 5 calendar days after such a conviction.

Unless otherwise prohibited by this policy, prescription and over-the-counter medications are not prohibited when taken in standard dosages and/or according to prescriptions from the employee's licensed health care provider, provided that an employee's work performance is not impaired.

To make employees aware of the dangers of drug and alcohol abuse, the Superintendent or designee shall perform each of the following:

1. Provide each employee with a copy of this policy.
2. Post notice of this policy in a place where other information for employees is posted.
3. Make available materials from local, State, and national anti-drug and alcohol-abuse organizations.
4. Enlist the aid of community and State agencies with drug and alcohol informational and rehabilitation programs to provide information to District employees.
5. Establish a drug-free awareness program to inform employees about:
 - a. The dangers of drug abuse in the workplace,
 - b. Available drug and alcohol counseling, rehabilitation, re-entry, and any employee assistance programs, and
 - c. The penalties that the District may impose upon employees for violations of this policy.

Tobacco Prohibition

All employees are covered by the conduct prohibitions contained in policy 8:30, *Visitors to and Conduct on School Property*. The prohibition on the use of tobacco products applies both (1) when an employee is on school property, and (2) while an employee is performing work for the District at a school event regardless of the event's location. *Tobacco* shall have the meaning provided in section 10-20.5b of the School Code.

District Action Upon Violation of Policy

An employee who violates this policy may be subject to disciplinary action, including termination. Alternatively, the School Board may require an employee to successfully complete an appropriate drug- or alcohol-abuse rehabilitation program.

The Board shall take disciplinary action with respect to an employee convicted of a drug offense in the workplace within 30 days after receiving notice of the conviction.

Should District employees be engaged in the performance of work under a federal contract or grant, or under a State contract or grant of \$5,000 or more, the Superintendent shall notify the appropriate State or federal agency from which the District receives contract or grant monies of the employee's conviction within 10 days after receiving notice of the conviction.

LEGAL REF.: Americans With Disabilities Act, 42 U.S.C. §12114.
Compassionate Use of Medical Cannabis Pilot Program, 410 ILCS 130/.
Controlled Substances Act, 21 U.S.C. §812; 21 C.F.R. §1308.11-1308.15.
Drug-Free Workplace Act of 1988, 41 U.S.C. §701 et seq.
Safe and Drug-Free School and Communities Act of 1994, 20 U.S.C. §7101 et seq.
Drug-Free Workplace Act, 30 ILCS 580/.
105 ILCS 5/10-20.5b.

CROSS REF.: 8:30 (Visitors to and Conduct on School Property)

ADOPTED: October 21, 2015

I acknowledge receipt of a copy of the Blue Ridge Community Unit School District #18 Drug and Alcohol Free Workplace Policy, Board Policy 5:50. I have read and understand this policy and agree to abide by its terms as a condition of my status as volunteer or mentor for the District.

Volunteer or Mentor's Signature

Date

Blue Ridge Community Unit School District #18

411 North John Street, Farmer City, IL 61842
309-928-9141 Phone 309-928-5478 Fax

Waiver of Liability
for Volunteers

The School District does not provide liability 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 acknowledgement that they are providing volunteer service at their own risk.

By your signature below:

1. 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.
2. 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, agree to waive any and all claims against the School District, or its officers, 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.

Date

Signature of Volunteer

Printed Name of Volunteer