



# Cumberland CUSD #77

## Volunteer Packet

## VOLUNTEER APPLICATION INSTRUCTIONS

Thank you for your interest in volunteering with Cumberland CUSD #77. 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.

Sincerely,

Todd Butler,  
Superintendent

# 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 € Other (please specify): \_\_\_\_\_

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

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

Emergency contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Have you ever been a school volunteer? • Yes € No  
If Yes, Name of School: \_\_\_\_\_

Name(s) of any child(ren) attending Cumberland CUSD #77:  
\_\_\_\_\_  
-  
\_\_\_\_\_  
-

## AVAILABILITY:

Entire School Year (September – June)  Program/Short Term Project \_\_\_\_\_  
 Summer School (July)  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. Cumberland CUSD #77 reserves the right to reject any applicant for any legitimate, nondiscriminatory reason, at its sole discretion.

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 been convicted of a felony criminal offense and/or misdemeanor or felony criminal offenses involving illegal substances?  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: \_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGEMENT – Employees of the District**

The purpose of this notice is to inform prospective volunteers that they do not have insurance coverage from the District and to document the volunteer’s acknowledgment and agreement that he/she is providing volunteer service at his/her own risk. By signing below:

1. You acknowledge that Cumberland CUSD #77 does not provide insurance coverage for any loss, injury, illness or death resulting from your unpaid service to the District.
2. You agree to assume all risk of injury, illness, damage or loss of any nature or kind, arising out of your volunteer assignments, whether supervised or unsupervised and your service to the District. You agree to waive any and all claims against the District, its Board Members, employees, agents or assigns, or their successors for loss due to death, injury, illness or damage of any kind arising out of your service to the District.

By signing below you also acknowledge that:

1. You may not volunteer to perform a job that is the same or similar job for which you are employed.
2. Your volunteer services are not being performed in the course and scope of your regular employment and are not in any way required by the School District.
3. Either the District or you can terminate you volunteer services at any time for any reason. Your withdrawal will not affect your continued employment with the School District.

\_\_\_\_\_

Volunteer Signature

Date

\_\_\_\_\_

Print Name

**ACKNOWLEDGEMENT – Non-Employees of the District**

The purpose of this notice is to inform prospective volunteers that they do not have insurance coverage from the District and to document the volunteer’s acknowledgment and agreement that he/she is providing volunteer service at his/her own risk. By signing below:

1. You acknowledge that Cumberland CUSD #77 does not provide insurance coverage for any loss, injury, illness or death resulting from your unpaid service to the District.
2. You agree to assume all risk of injury, illness, damage or loss of any nature or kind, arising out of your volunteer assignments, whether supervised or unsupervised and your service to the District. You agree to waive any and all claims against the District, its Board Members, employees, agents or assigns, or their successors for loss due to death, injury, illness or damage of any kind arising out of your service to the District.

By signing below you also acknowledge that:

1. Your time and service as a volunteer is given without promise, expectation, or receipt of any form of compensation, benefits, or other remuneration for this service.
2. Either the District or you can terminate you volunteer services at any time for any reason.

\_\_\_\_\_  
\_\_\_\_\_  
Volunteer Signature

Date

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

**For School District Use Only:**

General Description of Assignment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name(s) of Supervising Staff Member(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Criminal Background check completed

\_\_\_\_\_ Federal sex offender database check completed

\_\_\_\_\_ State sex offender database check completed

\_\_\_\_\_ Child Murder and Violent Offender against Youth Database completed

\_\_\_\_\_ Mandated Reporter Form completed

\_\_\_\_\_ Volunteer Orientation completed

\_\_\_\_\_ Review of District Policies completed

\_\_\_\_\_  
\_\_\_\_\_  
Witness Signature

Date

The above mentioned volunteer has met all of the requirements to provide volunteer services to the School District.

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Administration Approval

Date



**Cumberland #77**  
**DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS**  
(BHR Volunteer Screen)

**Disclosure**

Cumberland #77 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](http://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 5<sup>th</sup> 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).





**Cumberland #77**  
(BHR Volunteer Screen)

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

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

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

### **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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **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 identity 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, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) 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, 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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **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 toll-free 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 1-888-567-8688.
- **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.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**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. For information about your federal rights, contact:**

**TYPE OF BUSINESS:**

- 1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.
- b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:
  
- 2. To the extent not included in item 1 above:
  - a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks
  - b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act
  - c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations
  - d. Federal Credit Unions
- 3. Air carriers
- 4. Creditors Subject to Surface Transportation Board
- 5. Creditors Subject to Packers and Stockyards Act, 1921
- 6. Small Business Investment Companies
- 7. Brokers and Dealers
- 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations
- 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

**CONTACT:**

- a. Consumer Financial Protection Bureau  
1700 G Street NW  
Washington, DC 20552
- b. Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357
  
- a. Office of the Comptroller of the Currency  
Customer Assistance Group  
1301 McKinney Street, Suite 3450  
Houston, TX 77010-9050
- b. Federal Reserve Consumer Help Center  
P.O. Box 1200  
Minneapolis, MN 55480
- c. FDIC Consumer Response Center  
1100 Walnut Street, Box #11  
Kansas City, MO 64106
- d. National Credit Union Administration  
Office of Consumer Protection (OCP)  
Division of Consumer Compliance and Outreach (DCCO)  
1775 Duke Street  
Alexandria, VA 22314  
Asst. General Counsel for Aviation Enforcement & Proceedings  
Aviation Consumer Protection Division  
Department of Transportation  
1200 New Jersey Avenue, SE  
Washington, DC 20590  
Office of Proceedings, Surface Transportation Board  
Department of Transportation  
395 E Street S.W.  
Washington, DC 20423  
  
Nearest Packers and Stockyards Administration area supervisor
  
- Associate Deputy Administrator for Capital Access  
United States Small Business Administration  
409 Third Street, SW, 8th Floor  
Washington, DC 20416  
Securities and Exchange Commission  
100 F St NE  
Washington, DC 20549  
Farm Credit Administration  
1501 Farm Credit Drive  
McLean, VA 22102-5090  
FTC Regional Office for region in which the creditor operates or  
Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357

## CUMBERLAND CUSD #77

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 Cumberland CUSD #77 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