



2019 - 2020

Family & Community Engagement Department

815-966-3271

ATHLETIC VOLUNTEER INFORMATION

We appreciate your interest in volunteering with Rockford Public School District #205. Please complete the information below and return this form to the school Athletic Director or facility where you will be volunteering. **All Athletic Volunteers MUST PASS the *IHSA Concussion Protocol Education test* and the fingerprinting background check before they can start volunteering.**

Volunteer's Legal First Name: _____ Middle Initial: _____

Volunteer's Legal Last Name: _____

School: _____ Sport: _____

Date of Birth: _____ E-Mail Address: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Telephone: _____ (H) _____ (C) _____ (W)

Emergency Contact: _____ Phone: _____

Days Available: _____ Mon. _____ Tue. _____ Wed. _____ Thurs. _____ Fri.

Signature: _____ Date: _____

*****Reminder: Volunteers do not receive any type of compensation from RPS Dist. 205 for their service to the school.*****

OFFICE USE ONLY: _____ Date Cleared Fingerprinting Background Check w/HR

_____ Date IHSA Concussion Protocol Education Test

Administrator Signature: _____ **Date:** _____

Criminal Conviction Information (*Applicants are not obligated to disclose sealed, reversed or expunged records of conviction*)

<p>Are you a “sex offender” as defined by the Sex Offender Registration Act or a “violent offender against youth” as defined in the child Murder and Violent Offender Against Youth Registration Act?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever been found under the Juvenile Court Act to be a perpetrator of sexual or physical abuse of any minor under the age of 18 years of age?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever been convicted of committing first degree murder, conspiracy to commit first degree murder, or a Class X felony?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever been convicted of any offense defined in the Cannabis Control Act except possession offenses involving less than 10 grams and/or manufacture, delivery, or possession with intent to deliver offenses involving less than 2.5 grams; or have you ever failed to fulfill the conditions of probation required by the court following conviction of an offense defined in the Cannabis Control Act?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever been convicted of any offense defined in the Illinois Controlled Substances Act, except any offense for which you were placed on probation under the provisions of Section 410 of that Act; or have you ever failed to fulfill the conditions of probation required by the court following conviction of any offense defined in the Illinois Controlled Substances Act?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever been convicted of any offense defined in the Methamphetamine Control and Community Protection Act, except any offense for which you were placed on probation under the provisions of Section 70 of that Act; or have you ever failed to fulfill the conditions of probation required by the court following conviction of any offense defined by the Methamphetamine Control and Community Protection Act?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever been convicted of any attempt to commit any of the foregoing offenses?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever been convicted of any offense committed or attempted in any other state or against the laws of the United States that, if committed or attempted in this State, would have been punishable as one or more of the foregoing offenses?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Within the past seven years, have you been convicted of any other felony under the laws of this State or of any offense committed or attempted in any other state or against the laws of the United States that, if committed or attempted in this State, would have been punishable as a felony under the laws of this State?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever had any indicated finding of child abuse filed in your name? If yes explain:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Waiver of Liability

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

By your signature below:

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.

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

You understand that your status as a volunteer will be contingent upon successful clearance of a check of the Illinois Sex Offender Registry and/or the National Sex Offender Registry and the Illinois Violent Offenders Against Youth database maintained by the Illinois State Police.

You agree that the information provided in this application is true in all respects, and you agree that if the information given is found to be false in any way, the District shall exclude you from being considered for volunteer service or would be cause for termination of such services.

Volunteer name (please print)

Volunteer signature

Date

Please submit forms:

Fax: 815.489.2756

Mail: Rockford Public Schools District 205

Family and Community Engagement Department

501 7th Street 4th floor

Rockford, IL. 61104

(Forms can also be dropped off at the above address or school in which you are volunteering)

OFFICE USE ONLY:		<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
State/Nat'l Sex Offender Registry:	_____	CMVO Registry:	_____
Administrator Signature:	_____	Date:	_____
Date Cleared FP Background Check:	_____	Date Entered into Raptor:	_____
Notes:		Date Entered into Google:	_____

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORD CHECK
Rockford School District # 205
501 7th St.
Rockford, Illinois 61104
815-966-3145

TO BE COMPLETED BY APPLICANT/EMPLOYEE
Please PRINT legibly or type

LAST NAME: _____ FIRST NAME: _____

MIDDLE INITIAL: _____ MAIDEN NAME: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____ / _____ / _____
Month Day Year

PLACE of BIRTH _____ (State or Country)

SEX _____ Race _____ (Asian; American Indian/Alaskan; Black; Hispanic; White)

EYE COLOR _____ HAIR COLOR _____ HEIGHT _____ WEIGHT _____

DRIVERS LICENSE/STATE I.D.#: _____

HOME ADDRESS: _____
Street Address

_____ City _____ State _____ Zip Code _____

PHONE: _____

Applicant Authorization

Without reservation, I authorize this organization to procure my criminal history record and to furnish this information concerning my criminal history record check or other history.

APPLICANT SIGNATURE: _____ DATE _____

*****Office Use Only*****

Verify Account Code: XROCFD _____ Verify Reference # _____

Applicant Job Category: CSE ORI: IL101205S SBD ORI: SB1010205

TO BE COMPLETED BY LIVE SCAN TECHNICIAN

DATE: _____ Time: _____ TCN tracking #: LS10841L7022 _____

Proof of Identification:

Drivers License State ID Military ID FOID

Student ID Other _____

Technician Name: _____

State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: -- -- Gender: Male Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Submit by mail OR fax OR email.
Mail to: Department of Children and Family Services 406 E. Monroe - Station # 30 Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@illinois.gov

Signed Date

Please type, use bold letters or label:

(Submitting Agency Fax Number)
(Submitting Email Address)

Rockford Public School District 205 _____ (Agency Name)
Attn: Family & Community Engagement Department (F.A.C.E.) _____ (Contact Person)
501 Seventh Street, 4th Floor _____ (Address)
Rockford, IL 61104 _____ (City/State/Zip)

Print Form