



VOLUNTEER REGISTRATION PACKET

Dear Prospective Volunteer,

Thank you for your interest in becoming a volunteer in the Chicago Public Schools. We want to make it as easy as possible to enroll as a volunteer. Recognizing our high responsibility to our students, we require that all who will be working with our students—employees and volunteers—undergo background checks. The forms attached will provide the information we need and will enable us to contact you about volunteer opportunities.

Barbara Byrd-Bennett, CEO
Chicago Public Schools

Below is a checklist and description of the forms which you must complete:

- Enrollment Form** – Please provide as much information as possible about your interests, preferences, and availability. Submit this form to the school or program with which you will be volunteering.
- Background Investigation Authorization & Release** – Board of Education policy requires that prospective volunteers undergo a criminal background investigation. Please make sure that you complete and sign this form. **No person can volunteer until a successful background check has been returned by the CPS Bureau of Safety & Security (BSS).** Submit this form to the school or program with which you will be volunteering.
- Release Form** – All prospective volunteers must be interviewed and approved by the principal of the school where you want to volunteer. Please complete the information that pertains to you. Principal approval will be obtained when you are assigned. You must present an acceptable form of identification to the school principal. Submit this form to the school or program with which you will be volunteering.
- Will you be volunteering more than 5 hours per week? Yes___ No___*
If Yes, the Certification of Freedom from Tuberculosis form must be completed by a health care provider. Submit this form to the school or program with which you will be volunteering.
- Will your volunteering involve communication with a student through the Internet? Yes___ No___*
If Yes, the school in which you are assigned must obtain permission from the student's parent/guardian using the Internet Permission form. Submit this form to the school or program with which you will be volunteering.

When these forms are complete, **the originals should be submitted to the CPS school where you will be volunteering or CPS office which is coordinating your placement.** If you are not arranging your volunteer service directly through a school, the office through which you received this packet will make that introduction.

Thank you again for your interest in the Chicago Public Schools. I hope you will find this a satisfying and rewarding experience.

For more information, contact CPS by phone at 773-553-3017 or visit
<http://www.cps.edu/Pages/CommunityresourcesVolunteeropportunities.aspx>.
Please do not mail or fax forms to CPS. See the box at the top of each form for instructions.

**VOLUNTEER: PLEASE SUBMIT FORM TO SCHOOL OR SPONSORING PROGRAM
SCHOOL: PLEASE RETAIN IN SCHOOL FILES – DO NOT MAIL OR FAX ELSEWHERE**

Volunteer Enrollment Form

Personal Information:

Name: _____

First

Middle

Last

Address: _____ *City, State Zip: _____

Phone: Day: _____ Evening: _____ Email: _____

Volunteer Profile:

In what capacity are you volunteering? (Name of Organization, if any)

- Parent/Guardian Volunteer _____
- Corporate/Professional Volunteer _____
- Community/Organization Member _____
- College/Graduate Student _____

Educational Level:

- High School/GED
- Some College/College Graduate

Preferred Assignment:

- Elementary School
- Middle School
- High School
- No Preference

Preferred CPS Area (1-24) or Chicago neighborhood:

Area _____ (for CPS Areas refer to map at: <http://schools.cps.k12.il.us/Areas.aspx>)

Chicago neighborhood _____

School Preference(s) (if any): 1. _____ 2. _____

Availability:

- Entire School Year (Sept-June)
- Program/Short-term Project _____
- Summer School (July-Aug)
- Other _____

Time Available:

Morning (_____ to _____)

Afternoon (_____ to _____)

Day(s) Available (check all that apply):

M T W TH F S

M T W TH F S

Number of hours
per week:

_____ hours

I am interested in volunteering in:

Tutoring:

- Math/Science
- Reading/Literacy/Writing
- Foreign Language
- Other _____

Other:

- Mentoring
- Technology Support/Training
- Sports
- Book Club
- Administrative Support
- Program/Short-term Project: _____
- Other: _____
- After School Programs
- Building/Grounds Projects
(e.g. painting, landscaping)
- Competition Judge
- Career Activities

Arts:

- Music
- Dance
- Drama
- Visual Arts

Have you ever volunteered with children before?

- No
- Yes (Where/When? _____)

Language(s) you speak other than English: _____

Date Completed: _____

Employee Services

Employee Services • 320 N Elizabeth St, 1st Floor • Chicago, IL 60607 • Phone (773) 553-HR4U • Fax (773) 553-6665
Email Fingerprints@cps.edu • HR4U.CPS.EDU

To: Principal/Administrator

Re: Volunteer Fingerprinting Background Investigation

Name of Volunteer: _____

School/Unit Name: _____

Volunteer start date: _____

Volunteer's duties: _____

Number of hours the volunteer will be in the building or around the students weekly: _____

Signature of Principal/Administrator: _____ Date: _____

In order to complete the volunteer application process the volunteer must complete a Volunteer Fingerprinting Background Investigation. The Illinois State Police Bureau of Identification required that this applicant be fingerprinted. This person **MUST NOT** perform volunteer work until he/she has completed the fingerprint check process and the results have been reviewed.

To initiate the fingerprint check process, the applicant **NEEDS** to bring this letter, and the Volunteer Fingerprinting Background Investigation form along with a valid Government issued photo ID (Driver's license or State ID, Foreign Government issued ID). We have a representative on site at 320 N. Elizabeth between the hours of 8:00am - 4:30pm. Or they can visit Accurate Biometrics website, to view a list of other locations throughout the Chicago-land area. All of their facilities are acceptable to have the fingerprinting conducted with the exception of the site that states DCFS only. Accurate Biometrics website is: accuratebiometrics.com.

Please email any question regarding this notice to fingerprints@cps.edu

Thank you,
Employee Services

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Volunteer Fingerprint Background Investigation Authorization & Release Form

This form gives the Chicago Public Schools (CPS) authorization to conduct a criminal background investigation. All volunteers must have a valid unexpired government issued ID (driver's license or state ID, foreign government issued ID) at the time of fingerprinting.

Volunteer

This form is not for teachers, substitute teachers, educational support personnel, or miscellaneous employees.
 IL016299S

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Day Phone: (____) _____
Number Street City State Zip

Race Key: C = Caucasian H= Hispanic B = Black/
 African American A= Asian/Pacific Islander
 I = Native American/Alaskan U = Unknown

Date of Birth: _____ Sex: Male Female Race: _____
MM/DD/YY

Height: _____ Weight: _____ lbs Eye Color: _____ Hair Color: _____
Ft. In.

Social Security Number: _____ - _____ - _____ Birth Place: _____
City State

School/Department: _____ Special Program or Company Name: _____
(If Applicable)

REQUIRED CRIMINAL RECORDS DISCLOSURE: The existence of a criminal record does not automatically disqualify you for volunteer consideration, unless it is a conviction for an enumerated crime. (Please see the back of this form for a listing of enumerated crimes.) However, it is important that the Board know your complete criminal history to properly evaluate your application. You must disclose it in full. Failure to disclose each conviction may result in disqualification of your volunteer application.

Convictions include *all* felony or misdemeanor convictions, whether by pleas of guilty, *nolo contendere* or no contest or after bench or jury trial. Convictions that result in sentences of probation, conditional discharge or imprisonment must be reported. Convictions of driving while intoxicated or under the influence (DUI), and driving on a revoked or suspended license must be reported. But, convictions that resulted in sentences of supervision in Illinois or traffic offences other than DUI or driving on a revoked or suspended license should not be reported (i.e. speeding tickets, running a red light or stop sign, driving without insurance, etc.). Finally, you are not obligated to disclose sealed or expunged records of conviction or arrest.

Have you ever been convicted of any type of crime? Yes No

If yes, describe each conviction below (attach separate sheets if necessary):

Date	State	Conviction

I, the undersigned,

1. acknowledge and verify that all information provided above is true and accurate and that I am the person named above.
2. supply this information to authorize and enable the CPS to perform a background investigation, which may include, but not limited to, a Criminal Conviction Information check and fingerprinting.
3. understand and agree that the information obtained through the background investigation will be used to determine whether I can volunteer for the CPS or whether volunteer service will be approved.

Signature: _____ **Date:** _____

Employee Services Use Only

Fingerprints Clear Yes No

Verified By: _____

Employee Services

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Email Fingerprints@cps.edu • HR4U.CPS.EDU

Enumerated Offenses in Illinois School Code, 105 ILCS 5/34-18.5 referencing 105 ILCS 5/21-23a

- (1) **Any offense defined in Sections 11-6 inclusive** (720 ILCS 5/11-6 = indecent solicitation of a child);
- (2) **Any offense defined in Section 11-9 through 11-9.5, inclusive** (720 ILCS 5/11-9 = public indecency, sexual misconduct, etc.);
- (3) **Any offense defined in Sections 11-14 through 11-21, inclusive** (720 ILCS 5/11-14 = prostitution; 11-15 = solicitation for a prostitute; 11-16 = pander (prostitution); 11-17 = keeping a place of prostitution; 11-18 = patronizing a prostitute; 11-19 = pimping; 11-20 = obscenity; 11-20.1 = child pornography; 11-21 = harmful material (prurient interests);
- (4) **Any offense defined in Sections 11-23 (if punished as a Class 3 felony)** (720 ILCS 5/11-23 = Posting of identifying or graphic information on a pornographic Internet site or possessing graphic information with pornographic material);
- (5) **Any offense defined in Section 11-24** (720 ILCS 5/11-24 = child photography by a sex offender);
- (6) **Any offense defined in Section 11-25** (720 ILCS 5/11-25 = grooming);
- (7) **Any offense defined in Section 11-26** (720 ILCS 5/11-26 = traveling to meet a minor);
- (8) **Any offense defined in Section 12-4.9** (720 ILCS 5/12-4.9 = Drug induced infliction of aggravated battery to a child athlete);
- (9) **Any offense defined in Section 12-13** (720 ILCS 5/12-13 = criminal sexual assault);
- (10) **Any offense defined in Section 12-14** (720 ILCS 5/12-14 = aggravated criminal sexual assault);
- (11) **Any offense defined in 12-14.1** (720 ILCS 5/12-14.1 = predatory criminal sexual assault of a child);
- (12) **Any offense defined in 12-15** (720 ILCS 5/12-15 = criminal sexual abuse);
- (13) **Any offense defined in 12-16** (720 ILCS 5/12-16 = aggravated criminal sexual abuse);
- (14) **Any offense defined in 12-32** (720 ILCS 5/12-32 = ritual mutilation);
- (15) **Any offense defined in 12-33** (720 ILCS 5/12-33 = ritualized abuse of a child);
- (16) **Any offense defined in the Cannabis Control Act, except those defined in Sections 4(a), 4(b) and 5(a) of that Act** (720 ILCS 550/1 *et seq.*, except those defined in 720 ILCS 550/4(a) and (b), and 720 ILCS 550/5(a) (see attached)). Individuals placed on 1410 probation pursuant to this Act that do **not** successfully complete probation are **not** eligible for this exception;
- (17) **Any offense defined in the Illinois Controlled Substances Act** (720 ILCS 570/100 *et seq.*). Individuals placed on 1410 probation pursuant to this Act that do **not** successfully complete probation are **not** eligible for this exception;
- (18) **Any offense defined in the Methamphetamine Control and Community Protection Act** (720 ILCS 646/1 *et seq.*). Individuals placed on probation under the provision of Section 70 of that Act, provided that if the terms and conditions of probation required by the court are not fulfilled, the offense is **not** eligible for this exception;
- (19) **Perpetrator of sexual or physical abuse of any minor under 18 years of age pursuant to proceedings under Article II of the Juvenile Court Act of 1987** (705 ILCS 405/2-1, *et seq.*);
- (20) **First degree murder**;
- (21) **Attempted first degree murder**;
- (22) **Conspiracy to commit first degree murder**;
- (23) **Attempted conspiracy to commit first degree murder**;
- (24) **Class X felony**;
- (25) Any **attempt to commit** any of the foregoing offenses; and

Any offense committed or attempted in **any other state** or against the laws of the United States which, if committed or attempted in this State, would have been punishable as one or more of the foregoing offenses.

**VOLUNTEER: PLEASE SUBMIT FORM TO SCHOOL OR SPONSORING PROGRAM
SCHOOL: PLEASE RETAIN IN SCHOOL FILES – DO NOT MAIL OR FAX ELSEWHERE**

VOLUNTEER RELEASE FORM

TO: Name of Principal: _____

School Name: _____

RE: Volunteer Service
Date(s): _____

Please be advised that I would like to participate as a volunteer to provide support and assistance to school personnel and students.

I assume full responsibility for my actions and authorize the school personnel to act on my behalf in the event of an emergency situation.

I hereby release the Board of Education of the City of Chicago, its officers, members, employees, agents and volunteers from any liability or claims arising out of or in any way connected with my volunteer activities.

Volunteer: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Volunteer Signature

Date

References:

Please give two references (people unrelated who know you well, such as an employer, pastor, teacher, or friend).

Name: _____ Day Phone: _____

Name: _____ Day Phone: _____

Special Needs:

Wheelchair accessibility On Bus Line

Medical Needs _____

Other Needs _____

Tuberculosis Test (necessary only if volunteering more than 5 hours per week):

Have you ever been treated for, exhibited symptoms, or had a positive skin test for tuberculosis?

Yes No

.....
For School Use Only

An acceptable form of identification has been presented by the volunteer? Yes No

A successful background check has been returned by CPS' Safety & Security? Yes No

CODE OF CONDUCT

Thank you for your cooperation in respecting the following important guidelines:

I. As a Volunteer, Your Role and Responsibilities in the School Are Unique

1. **UNDERSTAND** that your role is a supportive one. The teacher and principal are completely in charge. If the teacher leaves the room, the teacher in the next room assumes responsibility. You must not be left in charge of a classroom.
2. **REMEMBER** volunteers are only permitted to work with students on school grounds and under the supervision of the public school staff.
3. **MAINTAIN** student confidentiality at all times. Do not discuss any student with anyone except teachers, counselors, and volunteer coordinators.
4. **DON'T** make promises you can't keep. Avoid saying things like *"Study hard and you'll definitely pass the test."*
5. **USE** good judgment and avoid any compromising situations. Work in a room with other people at all times. Never be left alone with one student out of view of other people. Always keep the door open.
6. **STRICTLY** follow volunteer guidelines and discipline practices. Physical discipline is absolutely prohibited. Ask the teacher and volunteer coordinating staff for assistance with problematic student behavior.
7. **REPORT** immediately to staff persons any physically abusive or sexually exploitive behavior towards a student.

II. Volunteers Take Pride in Being Professional

1. **MAINTAIN** a constructive attitude. Don't make negative comments about the school, its personnel, or the students to other volunteers or individuals outside the school.
2. **BE PROMPT** and consistent in your attendance. Teachers depend on volunteers and plan their work accordingly. Students depend on volunteers even more.
3. **NOTIFY** your school as soon as possible if you must be late or absent.
4. **KEEP** an accurate record of your attendance by signing in each day you volunteer. Also maintain notes and records of daily activity with students.
5. **ESTABLISH** and maintain good and frequent communication with your classroom teacher.
6. **NEVER** be under the influence of drugs or alcohol. Do not smoke on school grounds.
7. **DO NOT** lend money, contribute or solicit money for organizations while you are on school grounds.
8. **DO NOT** use the internet inappropriately by going to websites that are not conducive to a professional or educational environment.

III. Health and Safety Are Always Important

1. **ALERT** school staff immediately if any student has an accident while working with you.
2. **REFER** any student in need of first aid or any type of medication to a teacher or school nurse.
3. **LEARN** and follow fire drill procedures and all school rules.
4. **NOTIFY** the principal of any accident you have on school grounds. A written form must be submitted to the principal within 24 hours.
5. **ALERT** the principal before volunteering in school if you have, or have been exposed to, a communicable disease.

Please remember that you must complete all screening and training requirements before you can become a volunteer. The program/school reserves the right to discontinue your volunteer service for any reason.

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CERTIFICATION OF FREEDOM FROM TUBERCULOSIS

(To be completed only if you will be volunteering for five hours per week or more)

This is to certify that _____ of
(Full Name)
_____ is free of tuberculosis based on the following:
(Address)

1. TUBERCULIN TEST given on

_____ at _____
(Date) (Name of Facility)

_____ RESULTS OF TEST:
(Address of Facility) Negative _____
Positive _____

OR

2. CHEST X-RAY taken on

_____ at _____
(Date) (Name of Facility)

_____ Film Number: _____
(Address of Facility) Negative _____
Positive _____

(Signature of Radiologist)

PLEASE PRINT:

Physician's Name _____

Physician's Address _____

Physician's Signature _____

Date _____

**VOLUNTEER: PLEASE SUBMIT FORM TO SCHOOL OR SPONSORING PROGRAM
SCHOOL: PLEASE OBTAIN PARENT PERMISSION AND RETAIN
IN SCHOOL FILES – DO NOT MAIL OR FAX ELSEWHERE**

INTERNET PERMISSION FORM

(To be completed only if your volunteering will involve communication with a student through the Internet)

I, _____, hereby consent to allow my child,
(Name of parent/guardian)

_____ to participate in the _____ Tutor/Mentor
(Name of student) (Name of program)

Program at _____ School. I understand that my child will be tutored/mentored by one or more adult volunteers of _____ under the authority of _____ School after or before regular school hours. I understand that the adult volunteer may communicate with my child via email and will have access to my child's email address. I further consent to providing my child's email address to the adult volunteer.

Parent/Guardian Signature

Date

Volunteer Process

Prospective Volunteer obtains packet from a school, external Organization or CPS Department ("Applicant Site").

Prospective Volunteer completes packet and submits original copy to Application Site.

Applicant must bring the Background Investigation Authorization Forms and a valid Government issued photo ID (Driver's license or State ID, Foreign Government issued ID) in order to get fingerprinted.

Employee Services notifies Applicant Site of Prospective Volunteer's background check results

If background is clear,

Principal will be notified and makes final decision authorizing volunteer in his/her school.

**If Applicant Site is an external organization or CPS Dept., that unit sends the completed packet and clearance form to principal notifies the volunteer by phone. Principal makes final decision authorizing volunteer in his/her school.*

If authorized, the volunteer enrollment process has ended and **the applicant may volunteer.**



If Prospective Volunteer has a criminal conviction, Volunteer will be sent a request for additional information is needed.

** If Applicant Site is a CPS department, Employee Services will send a letter to the individual volunteer or organization. (Chief Education Officer designee receives nothing at this point. He/She is only notified when there is a hit upon fingerprinting).*

Prospective Volunteer gets fingerprinted.

If Prospective Volunteer **does not** get fingerprinted, the volunteer process has ended and **the applicant may not volunteer.**



If fingerprinting is clear,

Security sends a form to Applicant Site. Principal or makes final decision authorizing volunteer in his/her school.

**If Applicant Site is an external organization or CPS Dept., that unit sends the completed packet and clearance form to principal notifies the volunteer by phone. Principal makes final decision authorizing volunteer in his/her school.*

If authorized, the volunteer enrollment process has ended and **the applicant may volunteer.**



If fingerprinting shows a criminal conviction,

Security notifies the principal of school where applicant would volunteer and she/he and the Chief Education Officer Designee review the complete application.

**If Applicant Site is an external organization or CPS Dept, Security returns the fingerprint results to that unit and Chief Education Office designee, both of whom must approve the volunteer applicant.*

If both agree to authorize applicant, the volunteer enrollment process has ended and **the applicant may volunteer.**



If one of them rejects the applicant, the volunteer enrollment process has ended and **the applicant may not volunteer.**

