

Volunteer Name *(please print)* _____

Volunteer Signature _____

Date _____

For School Use Only

General description of assignment(s):

- Supervising students as needed by a teacher
- Supervising students during a regularly scheduled activity
- Assisting with academic programs
- Assisting at the resource center or main office
- Other _____

Name of supervising staff member _____

Illinois Sex Offender Database Registry at: <https://isp.illinois.gov/Sor/Disclaimer>

Registry checked by: _____ Date: _____ *(mandatory)*

Illinois Murderer and Violent Offender Against Youth Registry at:

<https://isp.illinois.gov/MVOAY/Disclaimer>

Registry checked by: _____ Date: _____ *(mandatory)*

Dru Sjodin National Sex Offender Public Website (NSOPW) at: <https://www.nsopw.gov/>

NSOPW checked by: _____ Date: _____ *(mandatory)*

To be completed by the Building Principal:

Will the individual be working over a long period of time in direct contact with students where no staff member is continuously present or in other situations where a fingerprint-based criminal history records check would be prudent? Yes No

If *yes*, and provided the individual authorized the fingerprint-based criminal history records check, please provide the following:

Date that the background check was requested _____

Date that the background check was received and reviewed _____

Check reviewed by *(please print)* _____

Signature of Reviewer _____

Date _____

By signing, I understand that my personal information will be checked against the Illinois Sex Offender Database Registry, the Illinois Murderer and Violent Offender Against Youth Registry, and the National Sex Offender Public Website.

Volunteer name *(please print)* _____

(Volunteer signature) Date: _____