



Where remarkable happens every day

VOLUNTEER REGISTRATION PACKET

Dear Prospective Volunteer,

Thank you for your interest in our “A Classroom is Calling Campaign” at Peoria Public Schools. We appreciate your willingness to answer the call and 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.

Dr. Grenita Lathan, Superintendent
Peoria Public Schools

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

- Enrollment Form** (page 2 of packet) – Please provide as much information as possible about your interests, preferences, and availability.
- Release Form** (page 3 of packet) – 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.
- Authorization for Release of Criminal Background Check** (page 4 of packet) – 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 to Peoria Public Schools.**

When these forms are complete, **the originals should be submitted to the Reading Buddies Facilitator for your company/organization OR the Peoria Public Schools Administration Building, 3202 N. Wisconsin Ave., Peoria, IL 61603.** At the top of the electronic form is a button that, once the form is completed, allows you to automatically print the form so that you can sign it and return it to one of the options above.

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

A Classroom is Calling will YOU answer?

For more information, contact Peoria Public Schools by phone at 309-672-6512 or visit
<http://www.psd150.org/aclassroomiscalling>

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 _____

Individuals from businesses or organizations may wish to volunteer as a group. If you are planning to volunteer as part of a group, please list other participants here:

1. _____

2. _____

3. _____

4. _____

Educational Level:

High School/GED

Some College/College Graduate

Preferred Assignment:

Primary School

Middle School

High School

No Preference

Preferred Neighborhood or School

(To view a map of our school locations, visit <http://www.psd150.org/map>)

1. _____ 2. _____ 3. _____

Availability:

Entire School Year (Sept-June)

Program/Short-term Project _____

Other _____

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

Morning (_____ to _____) M T W TH F S Number of hours per week:

Afternoon (_____ to _____) M T W TH F S _____ hours

I am interested in volunteering in:

Tutoring:

Math/Science

Reading/Literacy/Writing (3rd Gr. Reading Buddies)

Foreign Language

Other _____

Arts:

Music

Drama

Dance

Visual Arts

Other:

Mentoring

Technology Support/Training

Sports (e.g. painting, landscaping)

Book Club

Administrative Support

Program/Short-term Project: _____

Other: _____

After School Programs

Building/Grounds Projects

Career Activities

Competition Judge

Have you ever volunteered with children before?

No Yes (Where/When? _____)

Language(s) you speak other than English: _____

Date Completed: _____

VOLUNTEER RELEASE FORM

TO: Peoria Public Schools

RE: Volunteer Service

I intend to volunteer during the _____ / _____ school year.

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 Peoria, 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 District Use Only

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

A successful background check has been returned by the PPS Human Resources Department? Yes No

District Administrative Approval

Date

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY RECORD CHECK

for Peoria Public Schools District 150
3202 N Wisconsin Avenue
Peoria IL 61603
(309) 672-6770

TO BE COMPLETED BY VOLUNTEER
Please PRINT legibly or type

NAME _____
Last Name First Name M.I.

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

PLACE of BIRTH _____ (State or Country)

Sex _____ Race _____ (Note: select white for Hispanic)
Race selection options (Asian; American Indian/Alaskan; Black; White; Unknown)

HOME ADDRESS:

_____ Street Address

_____ City

_____ State

_____ Zip Code

Phone: _____ Email: _____

Applicant Authorization

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

APPLICANT SIGNATURE: _____ DATE _____

APPLICANT JOB CATEGORY VOLUNTEER ORI IL FIRM000

Authorization signature _____

TO BE COMPLETED BY READING BUDDIES FACILITATOR FOR COMPANY/ORGANIZATION OR DISTRICT 150 HUMAN RESOURCES DEPARTMENT

Proof of Identification:

Drivers License _____ State ID _____ Military ID _____ FOID _____ Student ID _____
Other _____

Facilitator/HR Representative Signature: _____ Fee Collected \$ No Fee

TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT

ISP TCN Tracking #: _____

United States Department of Justice National Sex Offender Public Website checked: _____
DATE

Technician Name: _____

CODE OF CONDUCT

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

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

- **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.
- **REMEMBER** volunteers are only permitted to work with students on school grounds and under the supervision of the public school staff.
- **MAINTAIN** student confidentiality at all times. Do not discuss any student with anyone except teachers, counselors, and volunteer coordinators.
- **DON'T** make promises you can't keep. Avoid saying things like *"Study hard and you'll definitely pass the test."*
- **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.
- **STRICTLY** follow volunteer guidelines and discipline practices. Physical discipline is absolutely prohibited. Ask the teacher and/or principal for assistance with problematic student behavior.
- **REPORT** immediately to staff persons any physically abusive or sexually exploitive behavior towards a student.

Volunteers Take Pride in Being Professional

- **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.
- **BE PROMPT** and consistent in your attendance. Teachers depend on volunteers and plan their work accordingly. Students depend on volunteers even more.
- **NOTIFY** your school as soon as possible if you must be late or absent.
- **KEEP** an accurate record of your attendance by signing in each day you volunteer. Also maintain notes and records of daily activity with students.
- **ESTABLISH** and maintain good and frequent communication with your classroom teacher.
- **NEVER** be under the influence of drugs or alcohol. Do not smoke on school grounds.
- **DO NOT** lend money, contribute or solicit money for organizations while you are on school grounds.
- **DO NOT** use the internet inappropriately by going to websites that are not conducive to a professional or educational environment.

Health and Safety Are Always Important

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