

Volunteer Application

I am a: Parent/Guardian Relative Community member Other _____

Personal Information (Please Print)

Male Female

Full legal name _____
 first middle last

Date of Birth ____/____/____ Birthplace (state OR country if outside U.S.) _____

Address _____ City _____ ST ____ Zip _____

E-mail _____ Phone # _____

School(s) where I wish to volunteer: Jackson Northwest Elementary Lincoln Jr. High

Does your child attend this school? Yes No

Languages spoken (besides English): _____

Have you previously been employed by LaSalle Elementary School District? Yes No

If so, dates of employments, location and position: _____

Emergency Contact Information

Name _____ Phone # _____

Because of the tremendous responsibility LaSalle Elementary Schools District 122 has to its school children and community, the following information is required from all volunteers regarding convictions*. A record of conviction does not prohibit volunteering; however, failure to complete this form accurately and completely can mean disqualification from becoming a volunteer, or can be cause for consideration for dismissal if accepted for volunteer service.

*Conviction means the final judgment on a verdict or a finding of guilty, or a plea of nolo contendere, in any state or federal court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does not include a final judgment that has been expunged by pardon, reversed, set aside, or otherwise rendered invalid.

Carefully read and answer the following questions:

Have you ever been convicted, pleaded guilty or “no contest” to any offense in a court of law? Yes No

Have you ever been convicted of a sex, alcohol or drug-related offense? Have you ever been convicted, pleaded guilty or “no contest” to any offense in a court of law? Yes No

Have you ever been convicted of a dangerous crime against children as defined in Illinois Department of Children and Family Services? (These crimes are defined as second-degree murder, aggravated assault, sexual assault of a child, sexual conduct with a minor, sexual exploitation of a minor, child abuse, kidnapping and sexual abuse.) Yes No

If any of the questions above are answered Yes, please fill in the information below:

Conviction Charge:

Date of Conviction: _____ City: _____ State: _____

Jail: Yes No Probation Yes No

Length: _____

Remarks:

Please provide 2 personal references:

1. Name: _____ Relationship: _____

Phone Number: _____

2. Name: _____ Relationship: _____

Phone Number: _____

Please read carefully & sign below in order to serve as a volunteer

I certify that the information presented in this application is true, accurate, and complete. I authorize the investigation of all statements contained in this application. I understand that misrepresentation, falsification or omission of pertinent facts will cause forfeiture on my part of all eligibility to serve as a volunteer

Signature: _____ **Date:** _____

(Please Attach One Copy of Your Driver’s License)