



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.

Ron Huberman, 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 the Partnerships Office by phone at 773-553-1544 or visit <http://www.helpcps.org/volunteer>.
Please do not mail or fax forms to the Partnerships Office. 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://www.csc.cps.k12.il.us/servlet/SchoolDirectory?VIEW=AREAS>)
 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 After School Programs
 Technology Support/Training Building/Grounds Projects
 Sports (e.g. painting, landscaping)
 Book Club Competition Judge
 Administrative Support Career Activities

Arts:

- Music Drama Program/Short-term Project: _____
 Dance Visual Arts Other: _____

Have you ever volunteered with children before?

- No Yes (Where/When? _____)

Language(s) you speak other than English: _____

Date Completed: _____



**SCHOOL: PLEASE MAIL ORIGINAL TO BUREAU OF SAFETY & SECURITY, GSR 125
BSS DOES NOT ACCEPT FAXES OR COPIES. WRITE SCHOOL NAME IN REQUIRED FIELD.**

**Background Check
Background Investigation Authorization
& Release Form**

Applicant # _____

Please Print All Information

Position Applied For: Volunteer (unpaid)

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

CPS School/Department (and affiliated organization, if applicable): _____ **(Required)**

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

Address: _____
Number Street City State Zip

Day Phone: (____) _____ Evening Phone: (____) _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____
MM/DD/YY

Birth Place: _____
City State

Race: _____ Sex: Male Female
See key below for code

Race Key: A=Asian/Pacific Islander B=Black/African American I=Native American/Alaskan U=Unknown W=White or Hispanic

Have you ever been convicted of **any** crime? Yes No If yes, please describe (include date and type of conviction).
 Crimes include misdemeanors and felonies. Do not report minor traffic violations. Driving under the influence is **not** considered a minor traffic violation and it should be reported.

1. I understand that I am **not** obligated to disclose sealed or expunged record of conviction or arrest.
2. The undersigned acknowledges and verifies that all information provided above is true and accurate and that I am the person named above.
3. The undersigned supplies this information to authorize and enable the Chicago Public Schools to perform a background investigation, which may include, but not limited to, a Criminal Conviction Information check and fingerprinting.
4. Information obtained through the background investigation will be used to determine whether volunteer service will be approved.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Name Check Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Transmitted: _____
Name Check Clear: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Results Returned: _____
Fingerprint Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Printed: _____
Fingerprint Clear <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Results Returned: _____
Verified By: _____	Area: _____ Region: _____

Original – Retained by Bureau of Safety & Security

This form revised 01/01/04md



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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

 Principal Approval

 Date



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 _____



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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 Site sends Background Investigation Authorization Form (BIA) **only** to CPS Bureau of Safety & Security at GSR #125.
All other forms are to be retained in school/department files.

Safety & Security notifies Applicant Site of Prospective Volunteer's background check results.

If background is clear,
Security notifies 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 Prospective Volunteer has a criminal conviction,
Security sends a form to Applicant Site stating that the Prospective Volunteer must be fingerprinted.

** If Applicant Site is a CPS department, Security returns the form to that unit, which sends Security-approved 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.**

