



CHICAGO PUBLIC SCHOOLS

## VOLUNTEER REGISTRATION PACKET

Dear Prospective Volunteer,

Thank you for your interest in volunteering 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 to do those checks and to enable us to contact you about volunteer opportunities.

Arne Duncan, CEO  
Chicago Public Schools

**Below is a checklist of the items to be completed by prospective volunteer:**

- Enrollment Form**
- Background Check**
- Release Form**
- \*Will you be working with CPS students more than 5 hours a week? Yes\_\_ No\_\_*  
**If Yes, Complete the Certification of Freedom from Tuberculosis form.**  
The volunteer is required to obtain the necessary test and signed certificate.
- \*Will your volunteering involve communication with a student through the Internet? Yes\_\_ No\_\_*  
**If Yes, the school must have the student's parent/guardian complete the Internet Permission form**

Name \_\_\_\_\_

When these forms are completed, you should submit them to the CPS school or office through which your volunteering is being arranged. All volunteers working in a school are to meet the principal and present proof of identity. Volunteers are subject to approval by the principal, before being able to volunteer. If you are not arranging your volunteer service directly through a particular school, the office through which you registered will make that introduction.

Thank you again for your interest in helping our students. I hope you will find this a satisfying and rewarding experience.

For More Information Contact:  
Department of External Resources and Partnerships  
125 South Clark Street, 12<sup>th</sup> Floor  
Chicago, Illinois 60603  
Tel: 773-553-1544 Fax: 773-553-1541  
<http://www.cps.k12.il.us>





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Background Check
Background Investigation Authorization
& Release Form

Applicant #

Please Print All Information:

Position Applied For: [ ] Volunteer (unpaid) [ ] LSC [ ] College Tutors (paid) [ ] Parent Stipend
This form is not for teacher, substitute teacher, or educational support personnel.

CPS School/Department: JONES COLLEGE PREP, UNIT 1060, G.S.R. 38

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). I understand that I am not obligated to disclose sealed or expunged record of conviction or arrest. Crimes include misdemeanors and felonies. Do not report minor traffic violations. Driving under the influence is not considered a minor traffic violation.

- 1. The undersigned acknowledges and verifies that all information provided above is true and accurate and that I am the person named above.
2. 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.
3. Information obtained through the background investigation will be used to determine whether employment by the Chicago Public Schools will be offered or continued and whether volunteer or compensated service will be approved.

Signature: Date:

DO NOT WRITE BELOW THIS LINE

Name Check Required: [ ] Yes [ ] No Date Transmitted:
Name Check Clear: [ ] Yes [ ] No Date Results Returned:
Fingerprint Required: [ ] Yes [ ] No Date Printed:
Fingerprint Clear [ ] Yes [ ] No Date Results Returned:
Verified By: Area: Region:



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# VOLUNTEER RELEASE FORM

TO: Name of Principal: DR. DONALD FRAYND  
School Name: JONES COLLEGE PREP

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:

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

- Yes     No

.....  
**For School Use Only**

\_\_\_\_\_  
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 cigarettes 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 reserves the right to discontinue your volunteer service for cause.***



### CERTIFICATION OF FREEDOM FROM TUBERCULOSIS

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

1. TUBERCULIN TEST given on

\_\_\_\_\_ at \_\_\_\_\_  
 (Date) (Name of Facility)

\_\_\_\_\_ RESULTS OF TEST:  
 (Address of Facility) Negative \_\_\_\_\_  
 Positive \_\_\_\_\_

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 \_\_\_\_\_

RETURN THIS FORM TO THE PRINCIPAL OF THE SCHOOL WHERE YOU HAVE APPLIED TO BE A VOLUNTEER.