Volunteer Information Form

In an effort to better serve our children, the following information is requested. Your interest as an Alton School District volunteer is appreciated. In the best interest and safety of our students, please fill out this form completely.

Name				
(Last)	(First)	(Middle)	(Telephone #)	
Address		MARKAN.		
(Street)		(City)		(Zip Code)
Personal Physician			Telephone	
Emergency adult contact	ct		Telephone	
Are you now or have yo	ou ever been a scho	ool volunteer?	Yes [No
If yes, at which school?_		V	Year	?
The name of any child o	or ward attending t	this school		
Criminal conviction Info Ha	ormation: Are you ve you ever been c		=	☐ No ☐ No
If Yes, list all offenses:				
Offense		Date	Location	
×				
Are you willing to conse State law prohibits individuals con who are considered "child sex offe Sex Offender list published by the with students may be asked to sub	nvicted of committing or a inders" are also prohibitea Illinois State Police as par	attempting to commit a I from volunteering. Th t of the volunteer screen	☐ Yes' Class X felony from working in the e Principal or designee shall perv ting process. Long-term volunte	No he schools, Individuals odically review the Child
Volunteer Name (please	print)	···		
Volunteer Signature		Date	· Later and American	