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_____
(Street) (City) (Zip Code)

Personal Physician_____ Telephone_____

Emergency adult contact_____ Telephone_____

Are you now or have you ever been a school volunteer? ☐ Yes ☐ No

If yes, at which school?_____ Year?_____

The name of any child or ward attending this school_____

Criminal conviction Information: Are you a child sex offender? ☐ Yes ☐ No
Have you ever been convicted of a felony? ☐ Yes ☐ No

If Yes, list all offenses:

Offense	Date	Location

Are you willing to consent to a criminal history records check, if deemed necessary?
☐ Yes ☐ No

State law prohibits individuals convicted of committing or attempting to commit a Class X felony from working in the schools. Individuals who are considered "child sex offenders" are also prohibited from volunteering. The Principal or designee shall periodically review the Child Sex Offender list published by the Illinois State Police as part of the volunteer screening process. Long-term volunteers who work directly with students may be asked to submit to a fingerprint-based criminal background check.

_____
Volunteer Name (please print)

_____ _____
Volunteer Signature Date