



United Way I READ Application: ROCKFORD SCHOOL DISTRICT #205

Number of Students Interested in Mentoring (Please Circle One): **1** **2** **No Preference**
(mentors work with each student one-on-one for 20-30 minutes)

Name:

Last

First

Middle

Telephone

Address:

Street

City

Zip code

E-mail Address:

Home Phone:

Cell Phone:

Emergency adult contact:

Telephone:

Relationship:

Are you currently employed? Yes No

If yes, please list your employer _____

Preferred method of contact (Circle one): Telephone Cell Phone Email Mail Text No Preference

Times/Days of week you are NOT available to volunteer _____

I would like to receive updates on United Way programs and work in the community

Do you speak a foreign language? ___ Yes ___ No If yes, Please list: _____

Placement number in order of preference for Rockford School District 205:

_____ Ellis Elementary School

_____ Lathrop Elementary School*

_____ Hillman Elementary School*

_____ Washington Elementary School

_____ Lewis Lemon Elementary School

_____ West View Elementary School

_____ Kishwaukee Elementary School*

_____ Whitehead Elementary School

*Spanish-speaking mentoring opportunities available at these schools.

How did you hear about the program? _____



May we contact you to learn about your I READ experience to help us promote the program and use your comments in social media posts Yes No

Criminal Conviction Information (applicants are not obligated to disclose sealed, reversed or expunged records of conviction)

| | |
|--|---|
| <p>Are you a “sex offender” as defined by the Sex Offender Registration Act or a “violent offender against youth” as defined in the child Murder and Violent Offender Against Youth Registration Act?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Have you ever been found under the Juvenile Court Act to be a perpetrator of sexual or physical abuse of any minor under the age of 18 years of age?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Have you ever been convicted of committing first degree murder, conspiracy to commit first degree murder, or a Class X felony?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Have you ever been convicted of any offense defined in the Cannabis Control Act except possession offenses involving less than 10 grams and/or manufacture, delivery, or possession with intent to deliver offenses involving less than 2.5 grams; or have you ever failed to fulfill the conditions of probation required by the court following conviction of an offense defined in the Cannabis Control Act?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Have you ever been convicted of any offense defined in the Illinois Controlled Substances Act, except any offense for which you were placed on probation under the provisions of Section 410 of that Act; or have you ever failed to fulfill the conditions of probation required by the court following conviction of any offense defined in the Illinois Controlled Substances Act?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |



| | |
|---|---|
| <p>Have you ever been convicted of any offense defined in the Methamphetamine Control and Community Protection Act, except any offense for which you were placed on probation under the provisions of Section 70 of that Act; or have you ever failed to fulfill the conditions of probation required by the court following conviction of any offense defined by the Methamphetamine Control and Community Protection Act?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Have you ever been convicted of any attempt to commit any of the foregoing offenses?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Have you ever been convicted of any offense committed or attempted in any other state or against the laws of the United States that, if committed or attempted in this State, would have been punishable as one or more of the foregoing offenses?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Within the past seven years, have you been convicted of any other felony under the laws of this State or of any offense committed or attempted in any other state or against the laws of the United States that, if committed or attempted in this State, would have been punishable as a felony under the laws of this State?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Have you ever had any indicated finding of child abuse filed in your name?</p> <p>If yes explain:</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |



Waiver of Liability

The School District does not provide insurance coverage to non-District personnel serving as volunteers for the School District. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the School District and to document the volunteer's acknowledgment that they are providing volunteer service at their own risk.

By your signature below:

You acknowledge that the School District does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer's unpaid service to the School District.

You agree to assume all risk for death or any loss, injury, illness, or damage of any nature or kind, arising out of the volunteer's supervised or unsupervised service to the School District. You also agree to waive any and all claims against the School District, or its officers, School Board Members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of the volunteer's supervised or unsupervised service to the School District.

You understand that your status as a volunteer will be contingent upon successful clearance of a check of the Illinois Sex Offender Registry and/or the National Sex Offender Registry and the Illinois Violent Offenders Against Youth database maintained by the Illinois State Police.

You agree that the information provided in this application is true in all respects, and you agree that if the information given is found to be false in any way, the District shall exclude you from being considered for volunteer service or would be cause for termination of such services.

Volunteer name (*please print*)

Volunteer signature

Date

Please submit forms:

Email: matt@theliteracycouncil.org

Mail: The Literacy Council
982 N. Main Street
Rockford, Illinois 61103

| | | | |
|------------------------------------|-------|--|--|
| OFFICE USE ONLY: | | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| State/Nat'l Sex Offender Registry: | _____ | CMVO Registry: | _____ |
| Administrator Signature: | _____ | Date: | _____ |

State of Illinois
Department of Children and Family Services

AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: [] -- [] -- [] Gender: Male Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR
If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

| (Street/Apt#/City/County/State/Zip Code) | Dates From/To |
|--|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

List maiden name and/or all other names by which you have been known: (last, first, middle)

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed Date

Submit by mail OR fax OR email.
 Mail to: Department of Children and Family Services
 406 E. Monroe – Station # 30
 Springfield, IL 62701
 FAX to: 217-782-3991
 Scan/Email to: CFS689Background@illinois.gov

Please type, use bold letters or label:

(Submitting Agency Fax Number)
(Submitting Email Address)

Rockford Public School District 205
Attn: Parent & Community Engagement Department (PACE)
501 Seventh Street, 4th Floor
Rockford, IL 61104

(Agency Name)
(Contact Person)
(Address)
(City/State/Zip)

