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.

Jean-Claude Brizard, 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.cps.edu/Pages/CommunityresourcesVolunteeropportunities.aspx](http://www.cps.edu/Pages/CommunityresourcesVolunteeropportunities.aspx).

Please do not mail or fax forms to the Partnerships Office. See the box at the top of each form for instructions.
Volunteer Enrollment Form

Personal Information:

Name: ________________________________________________________________________________________

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://schools.cps.k12.il.us/Areas.aspx)

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 _________) ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ S ☐ Number of hours per week:

☐ Afternoon (_________ to _________) ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ S ☐ ___________hours

I am interested in volunteering in:

Tutoring: ☐ Math/Science ☐ Reading/Literacy/Writing ☐ Foreign Language ☐ Other _____________________

☐ Mentoring ☐ Technology Support/Training ☐ Sports ☐ Other _____________________

☐ After School Programs ☐ Building/Grounds Projects (e.g. painting, landscaping)

☐ Administrative Support ☐ Competition Judge ☐ Career Activities

☐ 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: ____________________________________________________________________________

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Go Public Schools Updated May 2011
Background Check
Background Investigation Authorization
& Release Form

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 (where you will be volunteering): ____________________________ (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: ☐ 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: ________________

Original – Retained by Bureau of Safety & Security
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

____________________________________  __________________________
Principal Approval                Date

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.
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 ____________________________ is free of tuberculosis based on the following:

1. TUBERCULIN TEST given on ____________________________ at ____________________________
   (Date) (Name of Facility)
   ____________________________ RESULTS OF TEST:
   Negative ____________________________
   Positive ____________________________

OR

2. CHEST X-RAY taken on ____________________________ at ____________________________
   (Date) (Name of Facility)
   ____________________________ Film Number: ____________________________
   Negative ____________________________
   Positive ____________________________

 ____________________________ (Signature of Radiologist)

PLEASE PRINT:

Physician's Name ____________________________
Physician's Address ____________________________
Physician's Signature ____________________________
Date ____________________________
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.

Application 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.**

- Prospective Volunteer gets fingerprinted.

  If Prospective Volunteer does not get fingerprinted, the volunteer process has ended and **the applicant may not 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.**

*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).