

BETHALTO CUSD #8 VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION:

Name: _____
Last *First* *MI*
(Maiden Name or if known by any other name: _____)

Check One: Parent/Guardian Community member (non-parent)
 Student Other (please specify): _____

Address: _____
Street *City* *State* *Zip*

Phone Number: (____) ____ - ____ Cell Phone: (____) ____ - ____

Emergency contact: _____ Phone: (____) ____ - ____

Have you ever been a school volunteer? Yes No
If Yes, Name of School: _____

Name(s) of any child(ren) attending Bethalto CUSD #8:

AVAILABILITY:

Entire School Year (September - June) Program/Short Term Project _____

Summer School (July) Other _____

Time Available: Morning (____ to ____) M T W Th F
 Afternoon (____ to ____) M T W Th F

Number of hours/wk: _____

REFERENCES:

Please provide professional and/or personal references:

1. _____
Name *Phone*

2. _____
Name *Phone*

BACKGROUND INFORMATION:

Please answer the following questions completely. Any falsification, omission, deliberate misrepresentation or failure to complete any part of this form is grounds for rejection as a volunteer. Bethalto CUSD #8 reserves the right to reject any applicant for any legitimate, nondiscriminatory reason, at its sole discretion.

Do you currently have any outstanding criminal charges or warrants for your arrest pending against you?

Yes No

If yes, please explain: _____

Have you ever been convicted of a felony criminal offense and/or misdemeanor or felony criminal offenses involving illegal substances? Yes No

If yes, please explain: _____

Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child in any legal proceeding? Yes No

If yes, please explain: _____

ACKNOWLEDGEMENT - Employees of the District

The purpose of this notice is to inform prospective volunteers that they do not have insurance coverage from the District and to document the volunteer's acknowledgment and agreement that he/she is providing volunteer service at his/her own risk. By signing below:

1. You acknowledge that Bethalto CUSD #8 does not provide insurance coverage for any loss, injury, illness or death resulting from your unpaid service to the District.
2. You agree to assume all risk of injury, illness, damage or loss of any nature or kind, arising out of your volunteer assignments, whether supervised or unsupervised and your service to the District. You agree to waive any and all claims against the District, its Board Members, employees, agents or assigns, or their successors for loss due to death, injury, illness or damage of any kind arising out of your service to the District.

By signing below you also acknowledge that:

1. You may not volunteer to perform a job that is the same or similar job for which you are employed.
2. Your volunteer services are not being performed in the course and scope of your regular employment and are not in any way required by the School District.
3. Either the District or you can terminate you volunteer services at any time for any reason. Your withdrawal will not affect your continued employment with the School District.

Volunteer Signature

Date

Print Name

ACKNOWLEDGEMENT - Non-Employees of the District

The purpose of this notice is to inform prospective volunteers that they do not have insurance coverage from the District and to document the volunteer's acknowledgment and agreement that he/she is providing volunteer service at his/her own risk. By signing below:

1. You acknowledge that Bethalto CUSD #8 does not provide insurance coverage for any loss, injury, illness or death resulting from your unpaid service to the District.
2. You agree to assume all risk of injury, illness, damage or loss of any nature or kind, arising out of your volunteer assignments, whether supervised or unsupervised and your service to the District. You agree to waive any and all claims against the District, its Board Members, employees, agents or assigns, or their successors for loss due to death, injury, illness or damage of any kind arising out of your service to the District.

By signing below you also acknowledge that:

1. Your time and service as a volunteer is given without promise, expectation, or receipt of any form of compensation, benefits, or other remuneration for this service.
2. Either the District or you can terminate your volunteer services at any time for any reason.

Volunteer Signature

Date

Print Name

For School District Use Only:

General Description of Assignment:

Name(s) of Supervising Staff Member(s):

___ Criminal Background check completed

___ Federal sex offender database check completed

___ State sex offender database check completed

___ Child Murder and Violent Offender against Youth Database completed

___ Mandated Reporter Form completed

___ Volunteer Orientation completed

___ Review of District Policies completed

Witness Signature

Date

The above mentioned volunteer has met all of the requirements to provide volunteer services to the School District.

Administration Approval

Date



Bethalto #8
DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS
(BHR Volunteer Screen)

Disclosure

Bethalto #8 has contracted with Bushue Background Screening in connection with my application for employment (including contract or volunteer services), I understand consumer reports will be requested by you (“End-User”). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, work experience, education, accidents, licensure, credit (as allowed by law – where required, you will be presented with additional disclosures), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records. If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Authorization

I, _____, hereby authorize procurement of consumer report(s) and investigative consumer report(s) by End-User. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for End-User to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information. This authorization is conditioned upon the following representations of my rights:

I understand I have the right to make a request to the consumer reporting agency: Bushue Human Resources, Inc. d/b/a Bushue Background Screening (“Agency”), 302 East Jefferson Avenue, Suite B, Effingham, IL 62401, telephone number (217) 342-3042 or toll free at (877) 342-3042, upon proper identification, to obtain copies of any reports furnished to End-User by the Agency and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the Agency, on End-User’s behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to End-User obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: www.bushuebackgroundscreening.com.

I understand that if the End-User is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report End-User receives on me at the time the report is provided to End-User. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (CTZ) Monday through Friday) to obtain all information in Agency’s file for my review. I may obtain such information as follows: 1) In person at the Agency’s offices, which address is listed above. I can have someone accompany me to the Agency’s offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency’s information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).



Bethalto #8

(BHR Volunteer Screen)

*Information below is being used for background screening purposes only.

PLEASE PRINT LEGIBLY					
Applicant's Legal Name (full name)	First:	Middle:	Last:		
Alias or Maiden Name	First:	Middle:	Last:		
Home Address:	Street Address:	City:	State:	Zip:	
APPLICANT INFORMATION					
Date of Birth: ____ / ____ / ____			Social Security Number: ____ - ____ - ____		
Phone Number:		Email Address:			
Driver's License Number:		State of Issuance:	Names as it Appears on Driver's License:		
Eye Color:	Hair Color:	Race:	Weight:	Height: ____ ft. ____ in.	
VOLUNTEERING INFORMATION					
School/Place:			Purpose (field trip, coach, classroom, etc.):		
APPLICANT SIGNATURE AND DATE					
Signature (if under the age of 18, parent/guardian signature is required):				Date:	

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed

or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

- 1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.
- b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:

2. To the extent not included in item 1 above:
 - a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks
 - b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act
 - c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations
 - d. Federal Credit Unions
3. Air carriers
4. Creditors Subject to Surface Transportation Board
5. Creditors Subject to Packers and Stockyards Act
6. Small Business Investment Companies
7. Brokers and Dealers
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

- a. Bureau of Consumer Financial Protection
1700 G Street NW
Washington, DC 20006
 - b. Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

 - a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050
 - b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480
 - c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106
 - d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314
Asst. General Counsel for Aviation Enforcement & Proceedings
Department of Transportation
400 Seventh Street SW
Washington, DC 20590
Office of Proceedings, Surface Transportation Board
Department of Transportation
1925 K Street NW
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor
- Associate Deputy Administrator for Capital Access
United States Small Business Administration
406 Third Street, SW, 8th Floor
Washington, DC 20416
Securities and Exchange Commission
100 F St NE
Washington, DC 20549
Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090
FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357