



\_\_\_\_\_  
Volunteer name (*please print*)

\_\_\_\_\_  
Volunteer signature

\_\_\_\_\_  
Date

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**For School Use Only**

General description of assignment(s):

- Supervising students as needed by a teacher
- Supervising students during a regularly scheduled activity
- Assisting with academic programs
- Assisting at the resource center or main office
- Other \_\_\_\_\_

Name of supervising staff member \_\_\_\_\_

Illinois Sex Offender Database Registry, [www.isp.state.il.us/sor/](http://www.isp.state.il.us/sor/)

Registry checked by: \_\_\_\_\_ Date: \_\_\_\_\_ (*mandatory*)

Illinois Murderer and Violent Offender Against Youth Registry, [www.isp.state.il.us/cmvo/](http://www.isp.state.il.us/cmvo/)

Registry checked by: \_\_\_\_\_ Date: \_\_\_\_\_ (*mandatory*)

Dru Sjodin National Sex Offender Public Website (NSOPW), [www.nsopr.gov](http://www.nsopr.gov)

NSOPW checked by: \_\_\_\_\_ Date: \_\_\_\_\_ (*mandatory*)

**To be completed by the Building Principal:**

Will the individual be working over a long period of time in direct contact with students where no staff member is continuously present or in other situations where a fingerprint-based criminal history records check would be prudent?  Yes  No

If *yes*, and provided the individual authorized the fingerprint-based criminal history records check, please provide the following:

Date that the background check was requested \_\_\_\_

Date that the background check was received and reviewed \_\_\_\_

Check reviewed by (*please print*) \_\_\_\_\_

\_\_\_\_\_  
Signature of reviewer

\_\_\_\_\_  
Date