

VOLUNTEERING

PROCESS AND PROCEDURES



PROVISO TOWNSHIP HIGH SCHOOL DIST. 209

Proviso Township High District 209 welcomes all potential volunteers. The following is the process for anyone who would like to volunteer as Coach, Sponsor, Chaperone, or Parent within the district:

- Apply online and print the application.
- Complete a Waiver of Liability Volunteer form (pick up form from PEHS, PWHS or PMSA)
- Complete the Acknowledgment of Voluntary Participation Form (pick up form from PEHS, PWHS or PMSA)
- Return completed filled out forms back to main office (Attn: Principal Secretary).
- Principal Secretary – form will be given to building principal for his/her signature.
- Principal Secretary – send application, completed and signed forms to the Office of Human Resources.
- Office of Human Resources will check the following:
 - Illinois Sex Offender registry – <http://www.isp.state.il.us/sor/>
 - Illinois Violent Offender registry – <http://www.isp.state.il.us/cmvo/>
- Once cleared, the Office of Human Resources will call applicant in for fingerprinting.
- Once background check is cleared; Office of Human Resources will call applicant to come in to complete the remaining process.
- Volunteers will need to provide the following documentation:
 - Current TB test results
 - DCFS mandated reporter certificate (www.dcfstraining.org)
- The Office of Human Resources will notify the applicant when he or she may begin to volunteer.
- The Office of Human Resources will notify the school within 48 hours of notification.

NOTE: Returning volunteers in a new school term will need to be fingerprinted and background checked.

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ACKNOWLEDGMENT OF VOLUNTARY PARTICIPATION

Please read this form carefully and be aware in signing up for and participating in this voluntary recreational School District program, you are agreeing that your participation in this program is voluntary and that you will be releasing your employer from all claims for injuries you might sustain arising out of this program.

SCHOOL YEAR

INDICATE ATHLETICS/ACTIVITIES/GENERAL:

SCHOOL:

☐

PROVISO EAST

☐

PROVISO WEST

☐

PMSA

I have read and fully understand this Acknowledgment of Voluntary Participation Agreement. I further understand that any advisements or warnings of the particular risk of this program that I subsequently receive will be incorporated by reference into and become a part of this Agreement. I understand that participation or attendance in this Program is purely voluntary and recreational on my part, and not related to my employment; therefore, my participation is not covered by the Illinois Workers Compensation Act pursuant to Section 11 of that Act. I agree that, by signing up for and participating in this Program, I am not being ordered or assigned to participate in this program, and that the School District is not requiring me to forgo any pay or lose any benefit if I were to refuse to attend or participate in this Program.

VOLUNTEER'S NAME

SIGNATURE

DATE

THANK YOU FOR YOUR INFORMATION

PTHS209.ORG

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VOLUNTEER INFORMATION FORM AND WAIVER OF LIABILITY

Only one form needs to be completed by a volunteer each school year. Please print clearly in ink.

LAST NAME: FIRST NAME: MIDDLE: TELEPHONE #:
()

ADDRESS: Street City State ZIP Code

PERSONAL PHYSICIAN: ()
Physician Telephone #

EMERGENCY ADULT CONTACT: ()
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/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:

OFFENSE: DATE: LOCATION:

IF REQUESTED, ARE YOU WILLING TO CONSENT TO A CRIMINAL HISTORY RECORDS CHECK? ☐ Yes ☐ No

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 acknowledgement 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 claims 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, Board of Education 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.

NAME: DATE: SIGNATURE

THANK YOU FOR YOUR INFORMATION

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PROVISO TOWNSHIP HIGH SCHOOL DIST. 209

FOR SCHOOL USE ONLY

General description of assignment(s):

- ☐ Supervising students as needed by teacher
- ☐ Supervising students during a regularly scheduled activity
- ☐ Assisting with academic programs
- ☐ Assisting at the resource center or main office
- ☐ Proviso Parent Patrol Initiative
- ☐ Other: _____

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 criminal history records check would be prudent?

☐ Yes ☐ No

NAME OF SUPERVISING STAFF MEMBER: _____

SIGNATURE OF REVIEWER: _____

Principal's Signature

DATE: _____

FOR HR USE ONLY - MANDATORY

ILLINOIS SEX OFFENDER LIST
DATABASE CHECKED BY: _____

ON: _____

ILLINOIS STATE POLICE MURDERER AND VIOLENT
OFFENDER AGAINST YOUTH DATABASE CHECKED BY: _____

ON: _____

Criminal history records check, please provide the following:

DATE THAT THE CHECK WAS REQUESTED: _____

DATE THAT THE CHECK WAS RECEIVED AND REVIEWED: _____

CHECK REVIEWED BY (PLEASE PRINT): _____

THANK YOU FOR YOUR INFORMATION

PTHS209.ORG