CE BE GIS GMS GHS PTO BAND BOOSTERS Date: _____

*****IN ORDER TO PROVIDE A SAFE ENVIRONMENT FOR OUR CHILDREN, THIS FORM MUST BE COMPLETED ANNUALLY IN ORDER TO REMAIN ON THE VOLUTEER LIST*****

VOLUNTEER RECORD CHECK

Ball-Chatham CUSD #5
201 West Mulberry
Chatham, IL 62629

Clerk of the Circuit Clerk
200 South 9th Street
Springfield, IL 62701

A Police Record Check is requested on the following individual who has indicated a desire to participate as a volunteer in one of our schools. Our District requires that a background check be made to try to provide for the most positive influence on our children.

Volunteer Name_____
Please PRINT First Middle Maiden Last

Child's Name _____

Home Address_____ Home Phone _____

Length of Residence in Sangamon County _____ Previous County of Residence _____

Place of Birth _____ Date of Birth _____

Mother's Full Name _____
First Middle Maiden Last

Father's Full Name _____
First Middle Last

I hereby consent to the release of any public record information requested by the Ball-Chatham Community Unit School District #5.

Applicant's Signature _____ Date _____

Principal's Signature _____ Date _____

For District Office Use:

Human Resources Approval: YES ☐ NO ☐ Reason: _____

Date Background Checked: _____

Revised 7-09