

Peyton School Volunteer Agreement Form

THIS AGREEMENT, made and entered into this day of _____ by and between Peyton School district 23JT (“District”) and _____ (“Volunteer”) to assist with (name of program or activity) _____.

WHEREAS, the District and the Volunteer believe that a written agreement is beneficial to describe their relationship and to serve as the basis of effective communication between them.

NOW, THEREFORE, the District and the Volunteer, in consideration of the premises and the covenants herein specified, agree as follows:

1. **RESPONSIBILITIES OF VOLUNTEER.** Volunteer shall assist and be under the direct supervision of designated licensed employee(s) of the District and Volunteer shall follow the direction and assignments given by Volunteer’s supervisors of the Board of Education. Volunteer shall keep the designated licensed employee(s) fully and completely informed of all activities and actions taken by Volunteer while performing assigned duties. Volunteer shall treat all information gained about students, teachers, or parents as confidential.
2. **EMPLOYMENT STATUS.** Volunteer is not an employee, and shall not be compensated for services. The District shall provide coverage to Volunteer under its liability insurance policies.
3. **TERM.** This Agreement shall continue from _____ to _____ unless earlier terminated as provided herein.
4. **RESPONSIBILITIES OF SCHOOL DISTRICT.** The District shall provide a designated licensed employee to supervise and direct Volunteer’s duties and activities.
5. **TERMINATION.** Either party may terminate this Agreement effective immediately upon notice to the other party.
6. **BOARD POLICY.** This agreement is and shall be subject to all applicable state and federal laws and regulations, and to Board policies now in effect or as adopted by the Board.

IN WITNESS WHEREOF, the District has caused this Agreement to be approved on its behalf of a district administrator, and the Volunteer has approved this Agreement effective on the day and year first above written.

Administrator Approval

Volunteer

Peyton School District 23JT
VOLUNTEER APPROVAL CHECKLIST

DATE:

NAME:

PHONE:

EMAIL:

___1. The volunteer has been given a copy of the Peyton School district 23jt School Volunteers board policy IJOC.

___2. The volunteer has been given a copy, signed and agrees to the terms of the Peyton School District 23jt Volunteer Agreement board exhibit IJOC-E.

___3. The volunteer has completed the Peyton School District 23jt Background Screening Notification & Authorization Form which allow the district to perform an electronic CBI background check approximately every 6 months while the volunteer is active in the school district.

___4. The volunteer has paid a \$5.00 fee for the _____ school year which helps cover the cost of the CBI check.

___5. The volunteer Information & Training on _____.

Volunteer Signature: _____ Date: _____

<p><u>FOR OFFICE USE ONLY</u></p> <p>CBI Fee: _____ Method of Payment: Cash _____ Check # _____ Date: _____</p> <p>Approved: _____ YES _____ NO Date: _____</p> <p>Volunteer Notified by: _____ Date: _____</p> <p>Administrator Signature: _____ Date: _____</p>
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PEYTON SCHOOL DISTRICT 23JT

**BACKGROUND SCREENING
NOTIFICATION & AUTHORIZATION FORM**

The purpose of this form is to notify you that a consumer report will be run on you in the course of consideration for volunteer service with Peyton School District 23JT

VOLUNTEER INFORMATION: (Complete the following information as accurately as possible. Please Print or Type)		
Last Name	First Name	Middle Name
SSN	Date of Birth	Previous Names (Maiden/Marriage, etc)
Drivers License Number	State of Issue	Date changed:

Address History (List up to past 7 years beginning with your current address. Include city, country, postal code and dates of residence.)

Address #1	Date From:	Date To:
Street Address	City	State, Zip

Address #2	Date From:	Date To:
Street Address	City	State, Zip

Address #3	Date From:	Date To:
Street Address	City	State, Zip

BACKGROUND SCREENING AUTHORIZATION

As part of the volunteer screening process, I authorize all corporations, former employers, credit agencies, education institutions, law enforcement agencies, city, state, county and federal agencies, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Background Information Services, Inc. This releases the aforesaid parties from any liability and responsibility for collecting this information.

I specifically authorize a criminal history report to be run and authorize the release of my motor vehicle driving records maintained by law enforcement agencies, city, state, county and federal courts, or any other state or local agency.

This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand that these files may contain negative information about my background, mode of living, character, and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. I understand that the personal information being collected is necessary to conduct an investigation of my background and that information will be used solely for this purpose.

ELECTRONIC SIGNATURES

I understand that an electronic signature to be valid as the original. Based on certain information repository requirements, I may be asked to provide an original signature to authorize the investigation of my background. I further acknowledge that a facsimile (FAX) or photographic copy of this release will be valid as the original.

Volunteer Signature: _____ Date: _____