BLOOMINGTON PUBLIC SCHOOLS DISTRICT 87

CRIMINAL BACKGROUND CLEARANCE FOR PARENT/COMMUNITY VOLUNTEERS

All volunteers who regularly work and/or visit a school site must clear a criminal background check before they will be allowed to work/volunteer with District 87 Schools.

Please complete the information requested below. This information is necessary in order to process a criminal background clearance. **Volunteers who do not provide all information requested will not be given clearance/consideration to work/volunteer in District 87 Schools.**

PLEASE PRINT LEGIBLY

_____ _____
Name (Last, First, Middle Initial) Social Security Number

_____ _____
Street Address City, State and Zip Code

_____ _____
Area Code and Phone Number Birth Date (00/00/0000)

Gender: _____ **Male** _____ **Female**

_____
Email Address

Race: _____ **Caucasian** _____ **African American** _____ **Asian/Pacific Islander**
_____ **Hispanic** _____ **Native American** _____ **Multiracial**

Building _____ **(Please list building) and Position Requesting Clearance For:**

_____ **Building Volunteer** _____ **Student Mentor/Tutor** ____ **Coaching**

_____ **Club Sponsor** _____ **Activity Sponsor** ____ **Other** _____
Please list

1. Have you ever been convicted of any misdemeanor (excluding traffic violations)? _____ Yes _____ No
   If yes, please explain.

2. Have you ever been convicted of any felony? _____ Yes _____ No
   If yes, please explain.

3. Have you previously worked/volunteered for District 87 Schools? _____ Yes _____ No
   If yes, approximately when and where.

X Volunteer Background Check (State and Federal Sex Offender Check & Violent Offender Against Youth Database)

I acknowledge receipt of and understand District 87's volunteer guidelines. I authorize Bushue Human Resources, Inc. to conduct the requested background check and return the results to Bloomington Public Schools, District 87.

_____ _____
Signature Date

MUST BE COMPLETED BY BUILDING PRINCIPAL OR DESIGNEE PLEASE PRINT LEGIBLY

Building/Department/Program Submitting Request: _____

Name of person to be notified of clearance: _____