



ACUSD Volunteer Information Form



Your willingness to serve as an Alton School District volunteer is sincerely appreciated. In the best interest and safety of our students, staff and volunteers, please fill out this form completely. This information will be kept of file in the school office. Please update the form as needed so that the contact information is current.

Name _____
Last, First, Middle

Address _____
Street, City, Zip

Telephone _____ Cell Phone _____

Email _____ May we email you volunteer updates? _____

Emergency Contact _____
Name, Phone Number, Relationship

Physician _____
Name, Phone Number

School _____ Have you ever been a school volunteer? _____

Names of any children attending the 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

Are you willing to consent to a criminal history records check if deemed necessary?
 Yes No

State law prohibits individuals convicted of committing or attempting to commit a Class X felony from working in the schools. Individuals who are considered child sex offenders are also prohibited from volunteering. The Principal or designee shall periodically review the Child Sex Offender list published by the Illinois State Police as part of the volunteer screening process. Long-term volunteers who work directly with students may be asked to submit to a fingerprint-based criminal background check.

Volunteer Name Printed

Volunteer Signature