



VOLUNTEER PACKET

UPDATED AUGUST 2019

ACERO
SCHOOLS  CHICAGO





INSTRUCTIONS

Thank you for choosing to volunteer in our schools. We welcome you and appreciate your willingness to help. To ensure the safety of our students, we ask that you follow the directions below. This screening process is not only prudent, but an effective safety net for all of our students. **All volunteers must complete the steps as outlined below before they can begin volunteering at Acero Schools:**

1. Complete Volunteer Application.
2. Certification of Freedom from Tuberculosis Form completed by physician (if volunteering for five (5) or more hours per week).
3. Complete Volunteer Rules, Requirements, and Agreement. **Applicable to all volunteers.**
4. Submit the above documents to the school Principal, or their designee.
5. A criminal background check may be required depending on the number of hours that you are volunteering. The Release and Consent to Conduct and Disclose Background Investigation and Personnel Information can found in pages 9-14 of this packet.

Background Check Instructions for Level I Volunteers:

1. Report to any [Accurate Biometrics](#) location with the following documents:
 - Completed Release and Consent to Conduct and Disclose Background Investigation and Personnel Information. Please make sure to input the name of the campus you are volunteering for.
 - Valid, unexpired government-issued or school-issued photo ID at the time of fingerprinting.
 - Accurate Biometrics will provide you with a receipt. A hard copy of the receipt must be turn in to the school's Principal or their designee.
2. If your application is approved, you will be contacted with orientation and start date/time information.

All Level I Volunteers will not be approved to have contact with students until Acero has received a Chicago Public Schools criminal background check report.



VOLUNTEER RULES, REQUIREMENTS, AND AGREEMENT

[Volunteer must keep a copy of this document]

VOLUNTEERS AGREE AND COMMIT TO DO THE FOLLOWING:

- follow Acero Schools policies and procedures;
- comply with all directives of school administrators and staff;
- report any student health or safety concerns to school administrators immediately;
- engage in positive and supportive relationships with students;
- respect culture, religion, and lifestyle diversity;
- be respectful of teachers'/coaches' time constraints and their authority;
- respect students' dignity;
- be positive role models;
- be good listeners, patient, flexible, and nurturing;
- separate personal goals from those of the students and staff;
- respect the confidentiality of students and staff;
- ask for help when needed;
- support, not replace, the role of parents or guardians or staff;
- remain calm, cool, and collected in frustrating and stressful situations;
- reinforce students' successes;
- overcome setbacks or disappointments;
- be reliable, prompt, and dependable;
- sign in and present ID;
- dress appropriately;
- conform to federal and state laws prohibiting discrimination on the basis of race, color, national origin, sex, or disability and will follow Acero Title IX procedures [see below]; and
- alert the school Principal immediately if you have, or have been exposed to, a communicable disease.

TITLE IX RESPONSIBILITIES

When a volunteer receives a complaint alleging gender discrimination [including acts of sexual harassment or sexual violence] by a student or Acero Schools employee, the volunteer shall report the complaint, in writing, to the Title IX Coordinator within 24 hours. If a complaint is made verbally, volunteer shall reduce the complaint to writing before it is submitted to the Title IX Coordinator. After receiving the complaint, neither the employee nor Campus Title IX Coordinator shall screen or investigate the credibility of the report.

When a volunteer reasonably believes that a student has been the victim of gender discrimination [including acts of sexual harassment or sexual violence], whether based on indirect knowledge of circumstances giving rise to a reasonable belief that gender discrimination has occurred through sources such as members of the local community, social networking sites, or the media, the volunteer shall report their belief, in writing, to the Title IX Coordinator.

Acero Schools Title IX Coordinator:

Araceli De La Cruz, General Counsel/Chief Administrative Officer

Email: adelacruz@aceroschools.org Phone: (312) 637-3900



VOLUNTEERS WILL NOT ENGAGE IN ANY OF THE FOLLOWING WHILE IN THEIR VOLUNTEER CAPACITY:

- share information about students, except with appropriate school personnel;
- contact students on the student’s personal cell phone, email address, or any social media platform;
- recommend or recruit students for non-school sponsored activities;
- express, promote, or share personal agendas [e.g., religious or political] during their volunteer experience;
- meet with students outside of school and/or school sponsored activities or when directed not to do so;
- use cell phones or cameras to photograph or make videos of students, staff, or other volunteers;
- violate school policies and procedures or directives of school employees;
- engage in any illegal activity while volunteering;
- miss scheduled meetings/appointments, unless impossible to keep and then will give as much notice as possible; and

I understand that all volunteering relationships established through Acero Schools take place with student[s] on the school campus or at other school authorized activities only. I understand that volunteering is a privilege, not a right, and that Acero Schools may, in its sole discretion, discontinue any volunteer’s participation at any time and for any reason or no reason, with or without notice or warning.

I have read and agree with the above Acero Schools Volunteer Rules, Requirements, and Agreement and have received a copy for my records.

Print Name: _____

Applicant’s Signature: _____

Date: _____



Volunteer Application/Solicitud para voluntarios

This application is required for all volunteers, with the exception of volunteers assigned to traffic duties only. Note: Traffic Volunteers must sign in/out at the school each day. Completed applications may be submitted to the school Principal or their designee.

Esta aplicación es necesaria para todos los voluntarios, con la excepción de voluntarios asignados a deberes de tráfico solamente. Nota: Voluntarios de tráfico deben firmar todos los días cada entrada/salida de la escuela. Las aplicaciones completas pueden ser entregadas al Director de la escuela o a su designado.

Type of Volunteer / Tipo de voluntario

- School Volunteer (parent/guardian) / Voluntario en la escuela
- (padre/tutor) Volunteer Athletic Coach / Entrenador deportivo voluntario
- Chaperone for Overnight Travel / Chaperón para viaje por la noche
- Other / Otro

Date of Application / Fecha de la solicitud

Applicant Name / Nombre del solicitante

Gender / Sexo

- Male / Masculino Female / Femenino

Address / Dirección

E-mail

Primary Phone Number / Número de teléfono principal

Secondary Phone Number / Número de teléfono secundario

Date of Birth / Fecha de nacimiento

Current Occupation / Ocupación actual

Employer / Empleador

School Preference / Preferencia de escuela

Elementary School / Escuela primaria High School / Escuela preparatoria

School

- | | | |
|--|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Brighton Park | <input type="checkbox"/> Casas | <input type="checkbox"/> Cisneros |
| <input type="checkbox"/> Clemente | <input type="checkbox"/> Fuentes | <input type="checkbox"/> Garcia High |
| <input type="checkbox"/> Marquez | <input type="checkbox"/> Paz | <input type="checkbox"/> Cruz K-12 |
| <input type="checkbox"/> Santiago | <input type="checkbox"/> Idar | <input type="checkbox"/> Soto High |
| <input type="checkbox"/> Tamayo | <input type="checkbox"/> Torres | <input type="checkbox"/> Zizumbo |
| <input type="checkbox"/> Other | <input type="text"/> | |

Preferred Volunteer Activity / Actividad voluntaria preferida

Preferred Sport (if Volunteer Coach) / Deporte preferido (si es entrenador voluntario)

Will you be volunteering at your child's school for 10 or more hours per week?

¿Trabjará como voluntario en la escuela de su hijo/a durante 10 o más horas a la semana?

Yes / Sí No

Will you be volunteering for 5 or more hours per week at a school where you do not have a child enrolled?

¿Trabjará como voluntario durante 5 o más horas a la semana en una escuela a la cual no asiste ninguno/a de sus hijos/as?

Yes / Sí No

Preferred Schedule / Horario preferido

Include number of hours per week / Incluya la cantidad de horas por semana

Previous Volunteer Experience / Experiencia previa como voluntario

Emergency Contact Name / Nombre del contacto de emergencia

Emergency Contact Phone Number / Número de teléfono de un contacto de emergencia

**Are you a parent/guardian of an Acero student?
¿Es usted el padre/tutor de un estudiante de Acero?**

Yes / Sí No

Student Name(s) / Nombre(s) del estudiante(s)

References / Referencias

Please provide the names, phone numbers and/or e-mail addresses of two (2) non-relatives whom we may contact.

Por favor, proporcione los nombres, los números de teléfono y/o las direcciones de correo electrónico de dos (2) personas que no sean sus familiares con quienes podamos comunicarnos.

Reference #1 / Referencia N°1:

Reference #2 / Referencia N°2:

Applicant's Signature / Firma del solicitante

All Information in this application is accurate to the best of my knowledge./ Toda la información en esta solicitud es exacta según mi leal saber y entender.

Parent or Guardian Name and Signature (if applicant is under 18 years of age)/Nombre y Firma del padre o tutor (si el solicitante es menor de edad).

Print Name/Nombre

Signature/Firma

By signing above I authorize my child to volunteer at Acero Schools as specified in this volunteer application and agree to have my child adhere to Acero Schools volunteer policies and procedures.

Al firmar arriba, autorizo a mi hijo(a) a ser voluntario en Escuelas Acero como se especifica en esta solicitud de voluntario y acepto que mi hijo(a) se adhiera a las políticas y procedimientos de voluntarios de Escuelas Acero.



Certification of Freedom from Tuberculosis
(Required if volunteering for 5 hours or more per week)

This is to certify that _____ of
(Full Name)

_____ is free of
(Address)

tuberculosis based on the following:

- 1. TUBERCULIN TEST given on _____ at _____
(Date) (Name of Facility)

_____ RESULTS OF TEST:
(Address of Facility) Negative: _____mm.
Positive: _____mm.

- 2. CHEST X-RAY taken on _____ at _____
(Date) (Name of Facility)

_____ FILM NUMBER:
(Address of Facility) Negative: _____
Positive: _____

(Signature of Radiologist)

PLEASE PRINT: _____
Physician's Name: _____
Physician's Address: _____
Physician's Signature: _____
Date: _____



AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: -- -- Gender: Male Female Race: _____

Current Address: _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years.

OR

If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Submit by mail OR fax OR email.
Mail to: Department of Children and Family Services 406 E. Monroe – Station # 30 Springfield, IL 62701
FAX to: 217-782-3991
Scan/Email to: CFS689Background@illinois.gov

Signed Date

Please type, use bold letters or label:

_____	(Submitting Agency Fax Number)
_____	(Submitting Email Address)
_____	(Agency Name)
_____	(Contact Person)
_____	(Address)
_____	(City/State/Zip)



Release and Consent to Conduct and Disclose Background Investigation and Personnel Information

This form gives the Board of Education of the City of Chicago ("Board") authorization to conduct a Background Investigation which may include, but is not limited to, a Fingerprint-based Criminal History Records Check and an Illinois Department of Children and Family Services State Automated Child Welfare Information System check (collectively, "Background Investigation"). This form also gives the Board authorization to release all information or documentation regarding any disciplinary or dismissal actions taken against you during your employment by the Board and your current eligibility for rehire by the Board and, if ineligible for rehire, the reasons therefor (collectively, "Personnel Information"). You must have a valid, unexpired government-issued or school-issued photo ID at the time of fingerprinting.

Authorizing Manager or Supervisor Information

First and Last Name Natalie Moretti

Title or Position Talent Acquisition Recruiter

Charter School Name Acero Charter School Network (the "Charter School") Campus:

Address 209 W Jackson Blvd- Suite 500, Chicago, IL 60606

Contact Number 312-637-3900 Email acerobackgroundchecks@aceroschools.org

School ORI # ILL15356S

CPS (Charter) ORI # III15105S

I, the undersigned, authorize the person listed below to complete fingerprinting to work with my Charter School.

Signature: Natalie Moretti Date: _____

Employee/Vendor/Volunteer (Applicant) Information

Position Title _____ Circle one: Employee Volunteer Vendor

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____
Number Street City State Zip

Email: _____ Day Phone: (____) _____

Date of Birth: _____ Sex: Male Female Race: _____
MM/DD/YY

Height: _____ Weight: _____ lbs. Eye Color: _____ Hair Color: _____
Ft. In.

Social Security Number: _____ - _____ - _____ Birth Place: _____
City State

Race Key:

C = Caucasian,
H = Hispanic,
B = Black/African
American, A = Asian
Pacific Islander, I =
Native American/

If you currently reside in Illinois, please list all previous addresses for the past five years OR if you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois. **Check box if no other addresses.**

III15105S Charter School

(Street/Apt#/City/County/State/Zip Code)

Dates From/To

- (1) _____
- (2) _____
- (3) _____
- (4) _____

List maiden name and/or all other names by which you have been known (Last, First, Middle). Check if not applicable.

- (1) _____ (2) _____
- (3) _____ (4) _____

REQUIRED CRIMINAL AND CHILD ABUSE RECORDS DISCLOSURE: The existence of a criminal or child abuse record does not automatically disqualify you for employment consideration or continued employment, unless it is a conviction or adjudication for an enumerated offense. (Please see the back of this form for a listing of enumerated offenses.) If you have a criminal or child abuse record that does not involve an enumerated offense, it is important that the Charter School and the Board know your complete criminal and child abuse history to properly evaluate your application or fitness for continued employment. You must disclose it in full. Failure to disclose each conviction and child abuse adjudication may result in disqualification of your application or termination of employment.

Convictions include *all* felony or misdemeanor convictions, whether by pleas of guilty, *nolo contendere*, or no contest or after bench or jury trial. Convictions that result in sentences of probation, conditional discharge, or imprisonment must be reported. Convictions of driving while intoxicated or under the influence (“DUI”), and driving on a revoked or suspended license must be reported. But convictions that resulted in sentences of supervision in Illinois or traffic offences other than DUI or driving on a revoked or suspended license should not be reported (i.e., speeding tickets, running a red light or stop sign, driving without insurance, etc.). Finally, you are not obligated to disclose sealed or expunged records of conviction or arrest.

Have you ever been convicted of any type of crime? Yes No

Have you ever been adjudicated the perpetrator of sexual or physical abuse in a juvenile court proceeding or had an Illinois Department of Children and Family Services’ “indicated” finding?

Yes No

If yes, describe each conviction and adjudication below (attach separate sheets if necessary):

Date	State	Conviction/Adjudication of Child Physical or Sexual Abuse/DCFS Indicated Finding

AUTHORIZATION TO DISCLOSE RESULTS OF BACKGROUND INVESTIGATION AND PERSONNEL INFORMATION TO THE CHARTER SCHOOL

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and or Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

I, the undersigned, provide this authorization to the Board, in connection with my application to work or my continuing to work with the Charter School. I also authorize the Board to release and disclose the results of the Background Investigation and Personnel Information to the Charter School. I understand that the purpose of this authorization is to enable the Charter School to make a complete assessment of my fitness to work with the Charter School.

I, the undersigned,

76) acknowledge and verify that all information provided above is true and accurate and that I am the person named above;

Ill15105S Charter School

- 77) supply this information to authorize and enable the Board to perform a background investigation, which may include, but is not limited to, a Fingerprint-based Criminal History Records Check;
- 78) understand and agree that the information obtained through the Background Investigation and Personnel Information check will be used to determine whether employment by the Charter School will be offered or continued or whether volunteer or compensated service will be approved;
- 79) authorize the Illinois Department of Children and Family Services to conduct a search of the State Automated Child Welfare Information System ("SACWIS") to determine whether I have been "indicated" as a perpetrator of child abuse and/or neglect or am the subject of a pending investigation; and,
- 80) waive provisions of the Illinois Personnel Records Review Act regarding notices to me and deletion of records more than 4 years old, and authorize the Board to release any and all Personnel Information.

RELEASE OF CLAIMS AGAINST THE CHARTER SCHOOL AND THE BOARD

I hereby release, hold free and harmless, and discharge the CHARTER SCHOOL and the BOARD, their members, officers, employees, agents, and contractors from any and all claims, causes of action, liabilities, losses, costs and expenses that may arise (solely or in part) as a result of the Board's release and disclosure of the results of my Background Investigation and/or Personnel Information to the Charter School.

Signature: _____ **Date:** _____

INTERNAL CPS USE ONLY	
<p align="center"><u>Fingerprinting Information</u></p> <p>Date Printed: _____</p> <p>Verified By: _____</p> <p>TCN # _____</p>	<p>Dates Results Returned: _____</p> <p>Fingerprints Clear: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>NSOD Clear: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IL MVOAY Clear: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IL SOR Clear: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p align="center"><u>Personnel Information</u></p> <p align="center">Do Not Hire ("DNH") Records</p> <p>Eligible for rehire <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Verified By: _____</p> <p align="center"><u>DCFS</u></p> <p>SACWIS Clear <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
DCFS USE ONLY	
<p><u>Submitting Agency Information</u></p> <p>Agency Telephone Number: 773-553-6503</p> <p>Agency Email Address: Backgroundcheck@cps.edu</p> <p>Agency Name: Chicago Public Schools</p> <p>Address: 42 W. Madison, Garden Chicago, Illinois 60602</p>	



Enumerated Offenses in Illinois School Code,
105 ILCS 5/34-18.5 referencing 105 ILCS 5/21B-80

466. **Any offense defined in the Cannabis Control Act, except those defined in Sections 4(a), 4(b), 4(c), 5(a) and 5(b) and any offense for which an individual receives Section 10 probation, provided that the terms and conditions of Section 10 probation are successfully fulfilled** (720 ILCS 550/1 *et seq.*, except those defined in 720 ILCS 550/4(a), 4(b) and 4(c), and 720 ILCS 550/5(a) and 5(b), and successful completion of probation under 720 ILCS 550/10).
- a. **720 ILCS 550/4: It is unlawful for any person knowingly to possess cannabis.**
 - i. 4(a): not more than 2.5 grams of any substance containing cannabis is guilty of a Class C misdemeanor
 - ii. 4(b): more than 2.5 grams but not more than 10 grams of any substance containing cannabis is guilty of a Class B misdemeanor
 - iii. 4(c): more than 10 grams but not more than 30 grams of any substance containing cannabis is guilty of a Class A misdemeanor; provided, that if any offense under this subsection (c) is a subsequent offense, the offender shall be guilty of a Class 4 felony
 - b. **720 ILCS 550/5: It is unlawful for any person knowingly to manufacture, deliver, or possess with intent to deliver, or manufacture, cannabis.**
 - i. 5(a): not more than 2.5 grams of any substance containing cannabis is guilty of a Class B misdemeanor
 - ii. 5(b): more than 2.5 grams but not more than 10 grams of any substance containing cannabis is guilty of a Class A misdemeanor
 - c. **Note:** Pursuant to Section 5/21B-80, enumerated convictions under the Cannabis Control Act are a bar to employment for seven (7) years following the end of the sentence for the criminal offense.
467. **Any offense defined in the Illinois Controlled Substances Act, except any offense for which an individual receives Section 410 probation, provided that the terms and conditions of Section 410 probation are successfully fulfilled** (720 ILCS 570/100 *et seq.*, except successful completion of probation under 720 ILCS 570/410);
- Note:** Pursuant to Section 5/21B-80, enumerated convictions under the Illinois Controlled Substances Act are a bar to employment for seven (7) years following the end of the sentence for the criminal offense.
468. **Any offense defined in the Methamphetamine Control and Community Protection Act, except any offense for which an individual receives Section 70 probation, provided that the terms and conditions of Section 70 probation are successfully fulfilled** (720 ILCS 646/1 *et seq.*, except successful completion of probation under 720 ILCS 646/70];
- a. **Note:** Pursuant to Section 5/21B-80, enumerated convictions under the Methamphetamine Control and Community Protection Act are a bar to employment for seven (7) years following the end of the sentence for the criminal offense.
469. **Any offense defined in Section 11-1.20 (formerly 5/12-13)** (720 ILCS 5/11-1.20 = criminal sexual assault);
470. **Any offense defined in Section 11-1.30 (formerly 5/12-14)** (720 ILCS 5/11-1.30 = aggravated criminal sexual assault);

471. **Any offense defined in Section 11-1.40 (formerly 5/12-14.1)** (720 ILCS 5/11-1.40 = predatory criminal sexual assault);
472. **Any offense defined in Section 11-1.50 (formerly 5/12-15)** (720 ILCS 5/11-1.50 = criminal sexual abuse);
473. **Any offense defined in Section 11-1.60 (formerly 5/12-16)** (720 ILCS 5/11-1.60 = aggravated criminal sexual abuse);
474. **Any offense defined in Section 11-6, inclusive** (720 ILCS 5/11-6: indecent solicitation of a child; 11-6.5: indecent solicitation of an adult; 11-6.6: solicitation of meet a child);
475. **Any offense defined in Sections 11-9 (11-9 renumbered as Section 11-30) through 11-9.5, inclusive** (720 ILCS 5/11-9.1: sexual exploitation of a child; 11-9.1A: permitting sexual abuse of a child; 11-9.1B: failure to report sexual abuse of a child; 11-9.2 custodial sexual misconduct; 11-9.3 presence within school zone by child sex offenders prohibited; approaching, contacting, residing with, or communicating with a child within certain places by child sex offenders; 11-9.4-1 sexual predator and child sex offender; presence or loitering in or near public parks) through 11-9.5 (sexual misconduct with a person with a disability);
476. **Any offense defined in Sections 11-14.1 through 11-21, inclusive** (720 ILCS 5/11-14.1 = solicitation of sexual act; 11-14.3 = promoting prostitution; 11-14.4 = promoting juvenile prostitution; 11-15 = soliciting for a prostitute (repealed eff. 7/1/11); 11-16 = pandering (repealed eff. 7/1/11); 11-17 = keeping a place of prostitution (repealed eff. 7/1/11); 11-18 = patronizing a prostitute; 11-18.1 = patronizing a minor engaged in prostitution; 11-19 = pimping (repealed 7/1/11); 11-20 = obscenity; 11-20.1 = child pornography; 11-20.2 = duty of film and print processors to report sexual depiction of children; 11-21 = harmful material (prurient interests);
477. **Any offense defined in Section 11-23 (if punished as a Class 3 felony)** (720 ILCS 5/11-23 = posting of identifying or graphic information on a pornographic Internet site or possessing graphic information with pornographic material);
478. **Any offense defined in Section 11-24** (720 ILCS 5/11-24 = child photography by a sex offender);
479. **Any offense defined in Section 11-25** (720 ILCS 5/11-25 = grooming);
480. **Any offense defined in Section 11-26** (720 ILCS 5/11-26 = traveling to meet a minor);
481. **Any offense define in Section 11-30 (if punished as a Class 4 felony)** (720 ILCS 5/11-30: public indecency, third or fourth violation)
482. **Any offense defined in Section 12C-45** (Section 12-4.9 renumbered as Section 12C-45 = Drug induced infliction of harm to a child athlete);
483. **Any offense defined in Section 12-32** (720 ILCS 5/12-32 = ritual mutilation);
484. **Any offense defined in Section 12-33** (720 ILCS 5/12-33 = ritualized abuse of a child);
485. **Any offense define in Section 26-4 if punished pursuant to (d)(4) or (d)(5) of the Section** (720 ILCS 5/26-4 = unauthorized video recording and live video transmission)
486. **Perpetrator of sexual or physical abuse of any minor under 18 years of age pursuant to proceedings under Article II of the Juvenile Court Act of 1987** (705 ILCS 405/2-1, *et seq.*);
487. **First degree murder;**
488. **Attempt to commit first degree murder;**
489. **Conspiracy to commit first degree murder;**
490. **Soliciting first degree murder;**
491. **Class X felony;**
492. **Attempt to commit Class X felony;**
493. **Conspiracy to commit Class X felony;**
494. **Soliciting Class X felony;**
495. **Any attempt to commit any of the foregoing offenses; and**

496. Any offense committed or attempted in any other state or against the laws of the United States which, if committed or attempted in this State, would have been punishable as one or more of the foregoing offenses.



209 W. JACKSON BLVD., SUITE 500 · CHICAGO, IL 60606 · (312) 637-3900 · WWW.ACEROSCHOOLS.ORG

Chaperone Release Form

Name of Chaperone ("Chaperone"): _____

Acero Campus: _____

Contact Information: _____

Description and Location of the Activity or Trip: _____

As a trip Chaperone, I acknowledge and consent to participation as a volunteer chaperone in the above-referenced Activity or Trip. I further acknowledge that I am assisting in the supervision of students and that I will be expected to comply with policies and procedures regarding appropriate conduct while a chaperone in this Activity or Trip.

Accordingly, in my capacity as a volunteer Chaperone, and for any heirs, assigns, related individuals and related entities, I hereby release, waive, absolve, discharge, and agree to hold harmless Acero, including their governing boards, officers, employees and agents from and against any rights, claims, demands, causes of action, obligations, suits, liens, damages or liabilities of any kind whatsoever, known or unknown, suspected or claimed, which I shall or may have in the future against Acero arising out of, based on or related to my participation as a volunteer Chaperone in the above-referenced Activity or Trip. I further agree to indemnify and hold harmless Acero from the payment of any and all judgments, settlements, costs, disbursements and attorneys' fees that are associated with Acero having to investigate or defend against any claim, action or proceeding of any type whatsoever arising out of my participation as a volunteer Chaperone in the Activity or Trip including, but not limited to, claims for breach of contract, negligence, strict liability or otherwise. This indemnification obligation and this Release does not, however, absolve Acero from any liability, damages, costs, disbursements and attorneys' fees incurred due to the intentional or reckless conduct by Acero.

I understand that the Acero will not have medical personnel available during the Activity or Trip. I therefore agree and grant permission to representatives of Acero to authorize emergency medical treatment, if necessary, and that such action shall be subject to the terms of this Release. I acknowledge that I have sole financial responsibility to pay for any medical costs that may be incurred as a result of injury to me. I also understand and agree that Acero does not assume responsibility for any injury or damage that may arise out of, or in connection with, such authorized emergency medical treatment.

In signing this Release, I acknowledge that I have carefully read this document, and understand its content. This Release shall be construed in accordance with the laws of the State of Illinois. If any term or provision of this Release is deemed to be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

Print Name

Signature

Date

Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Consent

By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Applicant Name (printed):	
Applicant Name (signature):	Date:

THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.