

Ridgewood Community High School
District 234

Norridge, Illinois

708-456-4242

D234.org

Volunteer forms
to be completed

ONLINE BACKGROUND CHECK INFORMATION FOR VOLUNTEERS

Attached are the volunteer forms that need to be completed when applying to be a volunteer at Ridgewood High School. You will need to complete an application on our website for volunteering which will then be approved by the Athletic Director. It can be found at on our website at: d234.org/about RHS/Employment.

We use Bushue Background Screening for our volunteer background check process. Form A is information for the applicant to keep regarding the background check process. Forms B, C and D are completed and returned to us. These forms give us consent to have your background check completed online.

Form 6:250-E is the volunteer form. Page 1 is to be completed by the volunteer. The principal will then complete page 2 and sign off on the form indicating it is approved.

The Faith's Law forms are also attached. Form #1 is completed and signed by the applicant. On Form #2, complete Sections 2 and 3 and sign in Section 4. **Do not complete Section 5.**

We send these forms to all employers listed in Section 3 and the employer completes Section 5 and returns it to us. We cannot accept the form if Section 5 is completed by the applicant.

You will also need to send a copy of your driver's license with your packet.

Once we have all the completed forms and the online application is complete, we will send the link to complete the background check online.

Thank you for your interest in volunteering at Ridgewood High School.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street NW, Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-567-8688.
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Assistant General Counsel for Office of Aviation Protection Department of Transportation 1200 New Jersey Avenue SE Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street SW Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Division Regional Office</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street SW, Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street NE Washington, DC 20549</p>
<p>8. Institutions that are members of the Farm Credit System</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue NW Washington, DC 20580 (877) 382-4357</p>



RIDGEWOOD COMMUNITY HIGH SCHOOL DISTRICT 234

DISCLOSURE FOR CONSUMER REPORTS

READ CAREFULLY BEFORE SIGNING

Ridgewood Community High School (“end-user”) has contracted with Bushue Background Screening in connection with my application for employment, volunteerism, contracted services, tenancy, enrollment, acceptance into a program, and/or other reasons. I understand consumer reports will be requested by you the end-user. These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, bankruptcy proceedings, evictions, criminal records, fingerprint records etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

I understand the end-user can use this disclosure in connection to obtaining consumer reports throughout my employment, volunteer services, contracted service, tenancy, enrollment, etc. with the end-user.

Signature: _____ Date: _____



RIDGEWOOD COMMUNITY HIGH SCHOOL DISTRICT 234

AUTHORIZATION FOR CONSUMER REPORTS

READ CAREFULLY BEFORE SIGNING

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) listed in the Disclosure by Ridgewood Community High School (“end-user”) and its consumer reporting agency Bushue Background Screening (“Agency”). In my connection with the End-User, this authorization shall remain on file and shall serve as ongoing authorization for the End-User to procure such reports at any time during, as permitted by law, my employment (or other affiliation) with the End-User. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

I specifically authorize the obtaining of the following reports, but not limited to: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, my driving record, judgments, bankruptcy proceedings, evictions, other public records, criminal history records, fingerprint records, etc.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights.

I authorize the End-User and the Agency to use email communication with me to provide me with notices and information regarding any report or use of such report. I also authorize the use of electronic signatures. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

If you have any questions concerning this background screening content, please contact: Bushue Background Screening at (217) 342-3042 or info@bushuebackgroundscreening.com.

Signature: _____ Date: _____



RIDGEWOOD COMMUNITY HIGH SCHOOL DISTRICT 234

(Name-Based Check – BHR Basic, Volunteer, MVR, or other)

*Information below is being used for background screening purposes only.

PLEASE PRINT LEGIBLY					
Applicant's Legal Name (full name)	First:	Middle:	Last:		
Alias or Maiden Name	First:	Middle:	Last:		
Home Address:	Street Address:		City:	State:	Zip:
APPLICANT INFORMATION					
Date of Birth:	Social Security Number:	Professional License(s) Held and State of Issuance:		Professional License #:	
Phone Number:		Email Address:			
Driver's License Number:	State of Issuance:	Names as it Appears on Driver's License:			
Eye Color:	Hair Color:	Race:	Weight:	Height: _____ ft. _____ in.	
LOCATION INFORMATION					
Location of Work Office (state):			Position:		
APPLICANT SIGNATURE AND DATE					
Signature (if the person listed at the top of this form is under the age of 18, their parent or guardian should sign and date these sections)				Date:	

Instruction

Exhibit - Resource Person and Volunteer Information Form and Waiver of Liability

Volunteers must complete this form one time each school year. Please print clearly in ink.

Name _____
Last First Middle Telephone

Address _____
Street City Zip code

Email address: _____

Personal physician Telephone _____

Emergency adult contact Telephone _____

Are you now or have you ever been a school volunteer? Yes No

If yes, at which school? _____ Year? _____

The name of any child or ward attending this 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
_____	_____	_____
_____	_____	_____

If requested, are you willing to consent to a criminal history records check? Yes No

Waiver of Liability

The School District does not provide insurance coverage to non-District personnel serving as volunteers for the School District. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the School District and to document the volunteer's acknowledgment that they are providing volunteer service at their own risk.

By your signature below:

You acknowledge that the School District does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer's unpaid service to the School District.

You agree to assume all risk for death or any loss, injury, illness, or damage of any nature or kind, arising out of the volunteer's supervised or unsupervised service to the School District. You also agree to waive any and all claims against the School District, or its officers, School Board Members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of the volunteer's supervised or unsupervised service to the School District.

For School Use Only

General description of assignment(s):

- Supervising students as needed by a teacher
- Supervising students during a regularly scheduled activity
- Assisting with academic programs
- Assisting at the resource center or main office
- Other _____

Name of supervising staff member _____

Illinois Sex Offender Database Registry, www.isp.state.il.us/sor/

Registry checked by: _____ Date: _____ (mandatory)

Illinois Murderer and Violent Offender Against Youth Registry, www.isp.state.il.us/cmvo/

Registry checked by: _____ Date: _____ (mandatory)

Dru Sjodin National Sex Offender Public Website (NSOPW), www.nsopr.gov

NSOPW checked by: _____ Date: _____ (mandatory)

To be completed by the Building Principal:

Will the individual be working over a long period of time in direct contact with students where no staff member is continuously present or in other situations where a fingerprint-based criminal history records check would be prudent? Yes No

If yes, and provided the individual authorized the fingerprint-based criminal history records check, please provide the following:

Date that the background check was requested _____

Date that the background check was received and reviewed _____

Check reviewed by (please print) _____

Signature of reviewer

Date

Faiths Law

As of July 1, 2023 Illinois law requires all applicants who apply for positions (voluntary or employed) in a public or nonpublic elementary or secondary school must complete and return the following forms.

- Illinois State Board of Education Sexual Misconduct Disclosure Form
Form #1 - This must be filled out and signed by the applicant.
- Authorization for Release of Sexual Misconduct Related Information Form
Form # 2 - Page 2 of this set of forms needs to be completed by the applicant. One form for each prior employer needs to be completed.

You can email the completed forms to: ehr@ridgenet.org or cstazzone@ridgenet.org

For more information about Faiths Law you can visit the ISBE Faiths Law website here: <https://www.isbe.net/Pages/Faiths-Law.aspx>

THESE ARE MANDATORY FORMS THAT MUST BE COMPLETED.

#1

**ILLINOIS STATE BOARD OF EDUCATION SEXUAL MISCONDUCT DISCLOSURE TEMPLATE
FOR APPLICANT**

Instructions to Applicant: To help protect students and children against the threat of sexual misconduct, Illinois law (105 ILCS 5/22-94) requires that we conduct a sexual misconduct background check on certain applicants for hire. Therefore, you are required to complete this standardized form, which is based on a template developed by the Illinois State Board of Education (ISBE). You will be required to provide the names, contact information, and other relevant information related to your current/former employer(s) on a separate form, also based on a template developed by ISBE. You will complete one such form for each current/former employer for whom you held a position involving direct contact with children or students.

You must complete this form promptly and return it to (the hiring entity). A copy of this form will be retained by (the hiring entity), but the information provided on this form shall not be deemed a public record.

Section 1: Applicant Information

Name: (First, Middle, Last):	Any Former Names by Which Applicant Has Been Identified:
Date of Birth:	Last Four Digits of Social Security Number:
IEIN (if applicable):	Email:
Street Address:	City, State, ZIP

Section 2: Questionnaire

For purposes of the three questions below, the term "sexual misconduct," as defined in 105 ILCS 5/22-85.5 (sexual misconduct), means any act, including, but not limited to, any verbal, nonverbal, written, or electronic communication or physical activity that (1) you committed as an employee or agent of a school district, charter school, or nonpublic school during which time you engaged in or had the possibility of engaging in the care, supervision, guidance, or control of or routine interaction with students; and (2) was directed toward or with a student to establish a romantic or sexual relationship with the student. Such an act includes, but is not limited to:

- 1) A sexual or romantic invitation;
- 2) Dating or soliciting a date;
- 3) Engaging in sexualized or romantic dialog;
- 4) Making sexually suggestive comments that were directed toward or with a student;
- 5) Self-disclosure or physical exposure of a sexual, romantic, or erotic nature; and
- 6) A sexual, indecent, romantic, or erotic contact with the student.

1.	Have you ever been the subject of an allegation of sexual misconduct? Note: Check "No" if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever been discharged from, been asked to resign from, resigned from, or otherwise been separated from any employment; been disciplined by an employer; or had an employment contract not renewed due to an adjudication or finding of sexual misconduct, or while an allegation of sexual misconduct against you was pending or under investigation? Note: Check "No" if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever had a license or certificate suspended, surrendered, or revoked; or had an application for licensure, approval, or endorsement denied due to an adjudication or finding of sexual misconduct or while an allegation of sexual misconduct against you was pending or under investigation? Note: Check "No" if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3: Applicant Certification

I have read and understand the contents of this Sexual Misconduct Disclosure Form. I also understand that completion of this form does not preclude the hiring entity from performing other background checks (such as reference checks, criminal history background checks, and the like) in accordance with the hiring entity's policy and/or as required by state statute for a particular position. I understand and agree that any false information I provide on this form or any willful failure to disclose information required on this form shall subject me to discipline, up to and including termination or denial of employment. By signing this form, I certify that the statements made in this form are correct, complete, and true to the best of my knowledge and I swear or affirm that I am not disqualified from employment.

Signature

Printed Name

Date

**AUTHORIZATION FOR RELEASE OF SEXUAL MISCONDUCT-RELATED INFORMATION
AND CURRENT/FORMER EMPLOYER RESPONSE TEMPLATE**

This standardized form is based on a template developed by the Illinois State Board of Education (ISBE) pursuant to 105 ILCS 5/22-94 of the Illinois School Code. This completed form and any information or records received by the hiring entity shall not be considered public records.

Instructions for Applicant:

Complete one form for each current employer (if any). Additionally, complete one form for each former employer that falls within any of the categories below:

1. A public or nonpublic elementary or secondary school.
2. An employer that, at the time of your employment, contracted with a public or nonpublic elementary or secondary school to provide services, including, but not limited to, employers that provided food services, bus services, or other transportation services. This category applies only if, as part of your employment with the employer, you had engaged in -- or there was the possibility that you would engage in -- the care, supervision, guidance, control of, or routine interaction with children or students.
3. Any other employer for which you, as part of your employment with the employer, did engage in or had the possibility of engaging in the care, supervision, guidance, control of or routine interaction with children or students.

Please be advised that if you are licensed by ISBE, the hiring entity is required to verify the employment history you report by checking ISBE's educator licensure database. The responses the hiring entity receives from your current and former employers will be used to evaluate your fitness to be hired or for continued employment. An applicant who provides false information or willfully fails to disclose information shall be subject to denial of employment, or if already hired, shall be subject to discipline, up to and including termination.

Section 1: Hiring Entity Information (to be completed by Hiring Entity)

Hiring Entity's Name: <u>Ridgewood High School</u>	Contact Person: <u>Cindi Stazzone</u>
Address: <u>7500 W. Montross Avenue</u>	City, State, ZIP: <u>Annridge, IL 60206</u>
Telephone Number: <u>708-456-4242</u>	Email: <u>CStazzone@ridgenet.org</u>
Sent to Current/Former Employer By (insert name): On (insert date):	Received at Hiring Entity: By (insert name): On (insert date):

Section 2: Applicant Information (to be completed by Applicant)

Name: (First, Middle, Last):	Any former names by which the Applicant has been identified:
Date of Birth:	Last Four Digits of Social Security Number:
IEIN (if applicable):	Email:
Street Address:	City, State, ZIP:

Section 3: Current/Former Employer Information (to be completed by Applicant)

Employer:	Contact Person:
Address:	City, State, ZIP
Telephone Number:	Email:
Position Held:	Approximate Dates of Employment:

Section 4: Authorization for Disclosure of Employment Information and Release of Employer Liability (to be completed by Applicant)

By signing this form, I do hereby authorize my current/former employer identified in Section 3, above, to disclose to the hiring entity identified in Section 1, above, the following information and any records related to that information:

1. The dates of my current/former employment;
2. A statement as to whether I have ever been the subject of an allegation of "sexual misconduct," as defined in 105 ILCS 5/22-85.5 (Sexual Misconduct), (unless a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated);
3. A statement as to whether I have ever been discharged from, been asked to resign from, resigned from, or otherwise been separated from any employment; been disciplined by the employer; or had an employment contract not renewed due to an adjudication or finding of Sexual Misconduct, or while an allegation of Sexual Misconduct against me was pending or under investigation (unless a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated);
4. A statement as to whether I have ever had a license or certificate suspended, surrendered, or revoked; or had an application for licensure, approval, or endorsement denied due to an adjudication or finding of Sexual Misconduct or while an allegation of Sexual Misconduct against me was pending or under investigation (unless a subsequent investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated); and
5. Any other pertinent records, documentation, or information related to items 2 through 4 above.

Further, by signing this form, I do hereby release my current/former employer identified in Section 3, above, from any criminal or civil liability that may arise from the disclosure of information and records authorized under this Section 4 to the extent such release is permitted by law.

Applicant Signature _____ Printed Name _____ Date _____

Section 5: Information Request (to be completed by Applicant's current or former employer)

This form must be completed and returned to the hiring entity listed in Section 1 within 20 days of receipt.

Position held by Applicant:	Dates of Employment:
Person Completing Form:	Title:
Telephone Number:	Email:

For purposes of the following requests, the term "sexual misconduct," as defined in 105 ILCS 5/22-85.5 (Sexual Misconduct), means any act, including, but not limited to, any verbal, nonverbal, written, or electronic communication or physical activity, that:

RIDGEWOOD HIGH SCHOOL DISTRICT 234



MISSION

The Mission of Ridgewood High School focuses on learning:

- *Students will become adaptable life-long learners and responsible, ethical citizens, with the ability to make informed decisions in a changing global society.*
- *Students will demonstrate learning in multiple settings and in multiple ways.*
- *Members of the Ridgewood High School Community will collaborate to ensure that every student learns.*

VISION STATEMENT

The Ridgewood High School Community creates a stimulating and respectful learning environment which ensures individual students become autonomous leaders in their pursuit of a well-rounded, multi-faceted education grounded in innovation, aspiration, and imagination.

EQUITY

We are Ridgewood High School...

A learning community committed to anti-discrimination and supporting all students through inclusionary practices and initiatives.

We Believe...	So We Will...
All members of our community should be seen, valued, and deserve to be loved.	Intentionally build learning partnerships with students, elevating their voices.
Our students should thrive when we create the conditions for them to do so.	Collaborate to fight for equity by creating learning spaces and experiences that acknowledge, honor, and respect the lives and experiences of all our students.
Our policies and practices should be rooted in and reflective of our equity vision.	Continuously look inward and examine our data, policies, and practices through an equity lens, seeking continuous improvement.

BELIEF STATEMENT

We believe every student will learn and achieve at high levels.

ENDURING UNDERSTANDINGS

- Our first priority is to build relationships with our students.
- Providing all students with access is not enough; we must have the knowledge, skills, and dispositions to support effective, equitable teaching and learning.
- It is not what we have taught the students; it is about what students have actually learned.
- We use data to shape learning.
- Learning involves the connection of places and experiences.
- We will individualize learning to meet each learner's needs.
- We understand that students will not always bring their best selves; we will bring our best selves.

Name: _____ (printed)

Signature _____

Date: _____



ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am employed as a
(Employee Name)

_____, I will become a mandated reporter under the
(Type of Employment)

Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse and neglect Hotline number at 1-800-25-ABUSE (1-800-252-2873) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I understand that in an effort to help mandated reporters understand their critical role in protecting children by recognizing and reporting child abuse/neglect, DCFS administers an online training course entitled **Recognizing and Reporting Child Abuse: Training for Mandated Reporters**, available 24 hours a day, seven days a week.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under, but not limited to, the following acts: the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature of Applicant/Employee

Date

Employee Emergency Information Form 2024-2025

The emergency card will be kept in a confidential file in the Superintendent's office. Please return to the Superintendent's Office.

Employee Information

Name _____

Date of Birth _____ (MM/DD/YY)

Address _____

City, State and Zip Code _____

Telephone Number _____

Email: _____

Allergies/Major Medical _____

Medications _____

IN CASE OF EMERGENCY (CONTACT THE BELOW)

Contact Name to be Notified _____

Relationship _____ Phone Number (daytime): _____

The emergency information form will be kept in a confidential file in the Nurse's Office and Superintendent's Office.