

APPLICATION FOR VOLUNTEER  
MONTICELLO CUSD #25

Superintendent's Office  
2 Sage Drive  
Monticello, IL 61856  
phone 217.762.8511 x1200  
fax 217.762.8534



Mark All Schools That Apply  
Monticello High School ☐  
Monticello Middle School ☐  
Washington School ☐  
Lincoln School ☐  
White Heath School ☐

Application Date \_\_\_\_\_

Position(s) Applying For \_\_\_\_\_

Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

**Educational Background (optional)**

	Place Attended	Dates Attended	Diploma/Degree	Special Areas of Study
High School				
College				
Other				

**References**

Name & Address	Position	Phone Number

**NOTICE TO APPLICANT**

As an equal opportunity employer, Monticello CUSD #25 complies with Federal and State laws prohibiting discrimination in employment. Monticello CUSD #25 makes all employment-related decisions without regard to race, color, religion, sex, creed, national origin, ancestry, disability, marital or veteran status, sexual orientation, pregnancy, or other unlawful considerations.

I understand that, as a volunteer, I may be subject to a criminal background investigation and assure that a criminal background check does not contain any prohibited offenses as outlined in the Illinois School Code and is otherwise satisfactory to the School District. I authorize investigation of all statements contained in this application or made at any stage of this employment process as may be necessary or appropriate in arriving at an employment decision.

I hereby certify that my statements in this application are true and complete to the best of my knowledge. I understand that the giving of false, misleading, or incomplete information, or the omission of relevant information on this application or at any point in the application process is sufficient independent cause, to the extent necessary, to cease further consideration of my application, or, if I am selected, for termination of volunteer services.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

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**OFFICE USE ONLY**

Interview Date: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

Offender Check Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Background Check Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Reference Check Completed by: \_\_\_\_\_ Date Completed: \_\_\_\_\_