



### **Volunteer/Observer Instructions**

Please fill out the Volunteer/Observer form and return it with your photo ID to Patricia Villanueva at [pvillanueva@sased.org](mailto:pvillanueva@sased.org) or 2900 Ogden Avenue, Lisle, IL 60532.

**This volunteer form and a copy of your photo ID must be received prior to your first day of observation.**



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School Association for Special Education in DuPage County  
Melinda McGuffin, Ed D.  
Executive Director

**VOLUNTEER/OBSERVER CONSENT FORM**

I, the undersigned, am volunteering my time and energy to assist/observe special education students. I will follow all directives of the assigned supervising SASED staff member. I have read and understood the SASED administrative guidelines for volunteers. I hold SASED harmless for any injuries I receive while carrying out my volunteer/Observation duties.

I authorize SASED to check the State Police databases for Sex Offenders and Child/Abuse Assault.

Dates of Volunteer/Observation: \_\_\_\_\_

Location: \_\_\_\_\_

**Approved by:**

**Volunteer/Observer:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
SASED Administrator / Date

\_\_\_\_\_  
Signature / Date

Contact Phone Numbers: \_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\*PLEASE PROVIDE A COPY OF YOUR PHOTO ID \*\*\*\***

**\*\*RETURN THIS FORM TO PATRICIA VILLANUEVA at [pvillanueva@sased.org](mailto:pvillanueva@sased.org)\*\***

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[www.isp.state.il.us/sor/](http://www.isp.state.il.us/sor/)  
[www.isp.state.il.us/cmvo/](http://www.isp.state.il.us/cmvo/)

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2900 Ogden Avenue, Lisle, IL 60532  
Telephone (630) 955-8109 / HR Fax (331) 903-1545  
[www.SASED.org](http://www.SASED.org)