

Instruction

Exhibit - Volunteer Information Form and Waiver of Liability

Only one form needs to be completed by a volunteer each school year

Please print clearly in ink:

Information Form

Name _____
Last First Middle Phone

Address _____
Street City Zip Code

Personal physician _____ Phone _____

Emergency adult contact _____ Phone _____

Are you now or have you ever been a school volunteer? _____

At which school? _____ Year? _____

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

Criminal Conviction Information

Are you a child sex offender? _____

Have you ever been convicted of a felony? _____ *If you answered YES, list all offenses.*

Offense Date Place

If requested, are you willing to consent to a criminal background investigation? _____

Waiver of Liability

The School District does not provide liability 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 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:

1. 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.
2. 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 service to the School District. Agree to waive any and all claims against the School district, or its officers, Board Members, employees, agents or assigns, for loss due to death, injury, illness or damage of any link arising out of the volunteer's supervised or unsupervised service to the School District.

Date

Signature of Volunteer

Printed Name of Volunteer

***** 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: _____

"Sex offender list" checked by _____ on _____ (Mandatory)

Is a criminal background check necessary (the individual will be working over a longer period of time in direct contact with students where no staff member is continuously present in other situations where a check would be prudent)? _____
(to be answered by Principal)

If "yes," and provided the individual authorized the check,

- the date on which the check was requested?
- the date on which it was received and reviewed? _____

Reviewed by: _____
Signature Date

Adopted: December 2000