##

## 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 |
| 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.

**Confidentiality**:

You agree that confidentiality is expected of student, parent, staff, school and district information. As such, you agree that information will not be shared with others verbally, in writing, and/or shared via phone or electronically.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer name (please print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Volunteer signature Date

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**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*)

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 \_\_\_\_\_\_\_\_\_

Signature of reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_

*Supports Board Policy 6:250 – Approved 10/27/16*