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:

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.

_____
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 _____

Child Sex Offender List checked by _____ on _____ (*mandatory*)

Statewide Sex Offender Database checked by _____ on _____ (*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 criminal history records check would be prudent? ☐ Yes ☐ No

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

Date that the check was requested _____

Date that the check was received and reviewed _____

Check reviewed by (*please print*) _____

_____ _____

Signature of reviewer Date

DATED: June 22, 2010