

Volunteer Information Form and Waiver of Liability

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

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? Yes No

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 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 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:

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 volunteer's supervised or unsupervised service to the School District. You 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 kind arising out of the volunteer's supervised or unsupervised service to the School District.

Date

Signature of Volunteer

Printed Name of Volunteer

Volunteer-For School Use Only

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 long period of time in direct contact with students where no staff member is continuously present or in other situations where a check would be prudent)? _____ (to be answered by Building 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

