Instruction

Exhibit - Volunteer Information Form and Waiver of Liability

Only one form needs to be co	mpleted by a voluntee	r each school year.	Please print clearly in ink:
Name			
Last	First	Middle	Telephone
Address			
Street	C	ity	Zip code
Personal physician		Tele	ephone
Emergency adult contact		Tele	ephone
Are you now or have you eve	r been a school volum	teer? 🗌 Yes [No
Have you ever attended trainivolunteering?	ng by District 71 for	Yes] No
If yes, at which school?			Year?
The name of any child or war	d attending this school	ol	
Criminal Conviction Informa	tion: Are you a chil	d sex offender?	Yes 🗌 No
Have you ever been convicted	d of a felony?	es 🗌 No If Y	es, list all offenses.
Offense]	Date	Location
If requested, are you willing t	to consent to a crimina	al history records che	eck? Yes No
Do you understand that inform the volunteer's responsibility Elementary 71?	0 0		

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, 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.

Volunt	eer Name (<i>Please Print</i>)
Date	

Volunteer Signature

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 Superintendent:

Will the individual be	working o	ver a long per	iod of time in	direct conta	act with studer	nts where no
staff member is contin	nuously pre	sent or in othe	er situations w	where a crim	inal history re	cords 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