

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