

Instruction

Exhibit - Resource Person and Volunteer Information Form and Waiver of Liability

Volunteers must complete this page of the form. Please print clearly in ink or type:

Name _____
Last First Middle Telephone

Address _____
Street City Zip code

Personal physician _____ Telephone _____

Emergency adult contact _____ Telephone _____

In which school(s) are you planning to volunteer? _____

What type of volunteering role are you seeking? _____

Please name any of your children in 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.

For volunteer coaches only: I understand that while fulfilling my coaching responsibilities, I am a school official under State law. In accordance with policy 5:90, *Abused and Neglected Child Reporting*, I will report to the Building Principal any unsanctioned or unauthorized act that results in bodily harm to any person. If the act results in death or great bodily harm, I will make a report to law enforcement and promptly notify the Building Principal that a report has been made (720 ILCS 5/12C-50.1, added by P.A. 98-393).

Volunteer name (please print)

Volunteer signature

Date

To be completed by the Building Administrator

School Building _____

Supervising School Employee _____

General description of assignment(s): _____

- Supervising students as needed by a teacher
- Supervising students during a regularly scheduled activity
- Assisting with academic programs in the classroom
- Assisting at the resource center or main office
- Assisting with an extracurricular activity
- Parent organization member frequently in the school

Other: _____

Fingerprinting Criteria

Will the individual be working over a long period of time in direct contact with students?

Yes No

Will he/she be working with students where no staff member is continuously present?

Yes No

Will the individual be acting as a chaperone or volunteer for an overnight trip with students?

Yes No

Will he/she be acting as a volunteer coach for a majority of the season?

Yes No

Will he/she be placed in situations where a full criminal history records check would be prudent?

Yes No If "Yes," please explain: _____

To be completed by the District Office

Illinois Sex Offender Database Registry, www.isp.state.il.us/sor/

Illinois Murderer and Violent Offender Against Youth Registry, www.isp.state.il.us/cmvo/

Dru Sjodin National Sex Offender Public Website (NSOPW), www.nsopr.gov

Fingerprinting Criminal History Background Check (if applicable)

The above checks were conducted by _____ on _____.