VOLUNTEER FORM

Volunteers must complete this form one time 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.

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

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 _____

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

Registry checked by:_____ Date: _____ (*mandatory*)

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

Registry checked by:_____ Date: _____ (*mandatory*)

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

NSOPW checked by:_____ Date: _____ (*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 fingerprint-based criminal history records check would be prudent? ____Yes ____No

If *yes*, and provided the individual authorized the fingerprint-based criminal history records check, please provide the following:

Date that the background check was requested _____

Date that the background check was received and reviewed _____

Check reviewed by (*please print*) _____

_____ _____

Signature of reviewer Date