

New Lenox School District #122
Volunteer Information Form and Waiver of Liability

Please print clearly in ink:

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

INFORMATION:

Name _____ Phone _____
Last First Middle

Address _____
Street City Zip Code

Personal Physician _____ Phone _____

Emergency Adult Contact _____ Phone _____

Are you now or have you ever been a school volunteer? _____

At which school? _____ Year (s) _____

The name of any child or ward attending this school: _____

What would you like to help with? What skills do you have?

Is there anything you would rather not do?

Tentative days and times you are available to volunteer:

CRIMINAL CONVICTION INFORMATION:

(The purpose of this form is an attempt to provide a safe environment. We appreciate your cooperation.)

Are you a child sex offender? _____

Have you ever been convicted of a felony? _____ If "yes," list all offenses below.

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 acknowledgement 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 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

For School Use Only:

General description of assignments(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 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:

Date

Signature

10/7/08