



### Volunteer Information and Waiver of Liability - Instruction

Only one form needs to be completed by a volunteer each school year. Please print clearly in blue or black ink.

**Information:**

Name: \_\_\_\_\_  
Last, First Middle Date of Birth Phone

Address: \_\_\_\_\_  
Street City Zip Code

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Adult Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you now or have you ever been a school volunteer? Yes  No

If yes, at which school? \_\_\_\_\_ Year? \_\_\_\_\_

The name of any child/ward attending this school: \_\_\_\_\_

**Criminal Conviction Information:**

- 1. Are you a child sex offender? Yes  No
- 2. Have you ever been convicted of a felony? Yes  No

Offense	Date	Place
_____	_____	_____
_____	_____	_____

3. Do you have an alias or multiple names? Yes  No

If yes, please provide: \_\_\_\_\_

4. Do you hereby give consent for the Manito Police Department to run a criminal background check? Yes  No

5. If requested, are you willing to consent to a criminal background investigation? Yes  No

**Waiver of Liability:**

The School District does not provide liability insurance coverage to Non-District personal 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:

1. 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.
2. 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.

\_\_\_\_\_  
*Signature of Volunteer*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of Volunteer*

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**For School Use Only:**

General description of assignment(s) – to be filled out by school principal:

- 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: \_\_\_\_\_  
*(Principal Signature – Mandatory)*

Sex offender list, child murderer and violent offender list, Judici (Tazewell and Mason counties), and Verify checked

Checked By: \_\_\_\_\_

To be answered by Superintendent – Is a criminal background check 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)? Yes  No

If yes, and provided the individual authorized the check:

- The date the check was requested: \_\_\_\_\_
- The date on which it was received and reviewed: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Superintendent*

\_\_\_\_\_  
*Date*