



6:250-E1 Exhibit – Community Resource Persons and Volunteers (cont.)

Volunteer Agreement and Waiver of Liability – Information

Name of School: \_\_\_\_\_  
All potential volunteers and chaperones are to complete the *Volunteer Agreement and Waiver of Liability* form each school year that they volunteer. The building Principal or administrative designee must approve all volunteers. Each volunteer is required to register in the school’s main office or designated area at the beginning of each visit and must wear a school or district-issued identification badge or tag at all times.

Please print all information and give the completed form to office staff personnel.

Applicant’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Month/Day/Year  
Address: \_\_\_\_\_  
Street City Zip Code  
Phone: \_\_\_\_\_  
Home Cell  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name(s) of child or children attending this school; include each child’s grade level, applicant’s relationship to the child and teacher name:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer work being requested:  
\_\_\_\_ Assisting with classroom activities \_\_\_\_\_ Assisting w/outdoor or other on-campus activities  
\_\_\_\_ Assisting with office tasks \_\_\_\_\_ Assisting w/fieldtrips or other off-campus activities  
Other (describe) or additional notes: \_\_\_\_\_  
Name of supervising staff member: \_\_\_\_\_

Waiver of Liability  
The District does not provide individual liability insurance coverage to persons acting in an individual volunteer capacity. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the District and to document the volunteer’s acknowledgment that they are providing volunteer service at their own risk.  
1. The volunteer’s signature below indicates that he or she acknowledges that the District does not provide insurance coverage for any loss, injuries, illness, or death resulting from the volunteer’s service to the District.  
2. The volunteer’s signature below indicates that he or she agrees to assume all risk for loss, injury, illness, death or damage of any nature or kind, arising out of the volunteer’s supervised or unsupervised service to the District. The volunteer agrees to waive any and all claims against the District, its employees, Board Members, or agents for loss due to injury, illness, death or damage of any kind arising out of the volunteer’s service to the District.



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Volunteer Agreement and Waiver of Liability - Approval

Volunteer Agreement

The volunteer’s signature below indicates that he or she has read and agrees to abide by all guidelines, parameters, and expectations of the D300 Volunteer Program as defined in 6:250-E1.

\_\_\_\_\_
Date

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

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

Please give the completed form to office staff personnel

FOR SCHOOL STAFF USE ONLY – Applicants do not write below

Before approving/denying the application, the school administrator may request to interview applicants. The school administrator may request that the potential volunteer provide references or request the individual to describe his or her previous experiences. In addition, the administrator may choose to include more specific guidelines or parameters for the potential volunteer. The building Principal or designee reserves the right to deny or revoke volunteer status if the administrator deems the volunteer’s presence or behavior may interfere with the general education process, climate, or culture of the school building.

The Principal or administrative designee may request that a volunteer submit to a criminal background investigation if 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. The Principal or administrative designee must contact the District Director of School Safety for background check information and procedures.

MANDATORY for all potential volunteers or chaperones:

- 1. Sjodin National Sex Offender website results [name listed/not listed] and date checked: \_\_\_\_\_
2. Ill. Murderer & Violent Offender Youth Registry website results and date checked: \_\_\_\_\_
3. List the name and title/school role of person(s) who conducted the website checks: \_\_\_\_\_

The building administrator’s signature below indicates that the volunteer’s application and information has been reviewed and \*approved. A signed copy will be kept at the school and a copy should be given to the applicant.

Printed Name of Administrator Title of Administrator
Signature of Administrator Date Reviewed

\*If the applicant has been denied, provide a brief explanation below and inform the District Director of School Safety:
\_\_\_\_\_
\_\_\_\_\_

DATED: October 2015