

SCHOOL VOLUNTEER INFORMATION AND WAIVER OF LIABILITY FORM

This form needs to be completed annually by a volunteer. Please print clearly in ink:

Name Last First Middle Maiden

Telephone Home Cell Work

Address Street City Zip Code

Nature and Length of Volunteer (Include number of volunteer days per week):

Supervisor in Charge:

Are you now or have been a school volunteer in District 89? Yes No

If yes, at which school?

What is the name of your child, if any, who attends this school?

Emergency Information:

Contact to notify in an emergency:

Name Relationship Home Phone

Work Phone Cell Phone

Alternate contact and relationship:

Name Relationship Home Phone

Work Phone Cell Phone

Personal Physician: Phone

Voluntary Information: Please list any specific medical allergies, chronic illnesses, medications or other health conditions that would be important to an emergency responder.

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 below:

Offense	Date	Location

Have you ever had any indicated findings of child abuse?  Yes  No

If yes, explain and give the date(s): \_\_\_\_\_

If requested, are you willing to consent to a criminal history records check?  Yes  No

**Waiver of Liability**

CCSD 89 does not provide insurance coverage to non-District personnel serving as volunteers for the District. 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 acknowledgement that they are providing volunteer service at their own risk.

**By your signature below:**

You acknowledge that CCSD 89 does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer’s unpaid service to CCSD 89.

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 CCSD 89. You also agree to waive any and all claims against CCSD 89, 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 CCSD 89. You agree to utilize confidential and professional use of information for professional purpose in accordance with School District policy and regulations.

\_\_\_\_\_  
Volunteer Name (Please Print)

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

\_\_\_\_\_  
Date

**For School Use Only**

General description of volunteer activity:

- Supervising students during a regularly scheduled activity
- Assisting in the library
- Assisting with academic programs
- Assisting with copying or in the main office
- Other \_\_\_\_\_

Name of supervising staff \_\_\_\_\_

Illinois Sex Offender List checked by \_\_\_\_\_ on \_\_\_\_\_

Child Murderer and Violent Offender Against Youth list checked by  
\_\_\_\_\_ on \_\_\_\_\_

**To be completed by the principal:**

Will the individual be working over a long period of time in direct contact with students where no staff member will be continuously present or in other situations where a criminal history records check would be prudent?  Yes  No

If "yes," and provided the individual authorized the criminal history records check, please provide the following:

Date that the check was requested \_\_\_\_\_

Date that the check was received and reviewed \_\_\_\_\_

Check reviewed by (Print) \_\_\_\_\_

\_\_\_\_\_  
Signature of reviewer

\_\_\_\_\_  
Date

EXHIBIT

Approved 1/25/10

Reviewed 11/14/11, 11/17/14, 12/18/17, 7/20/2020

Board of Education, CCSD 89, Glen Ellyn, Illinois