

VOLUNTEER CONSENT FORM

To ensure the safety of our students, each and every volunteer that will enter any of the schools this school year, MUST have filled out the following information. This includes ANY type of volunteering, (book fair help, classroom help, Room-parent help, field trip chaperone, etc..)

EACH Adult Volunteer must fill out a separate form!! We need current year signature so you must fill this out and verify the information each year.

Conviction Information:

Are you a child sex-offender: Yes No

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

Have you ever been convicted of a felony? Yes No

Offense: _____ Date: _____ Place: _____

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 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 **Printed Name Of Volunteer** **Signature of Volunteer**

| Student Name | Grade |
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