

VOLUNTEER RELEASE FORM

**PLEASE ATTACH A COPY OF VOLUNTEER'S DRIVER'S LICENSE TO THIS FORM BEFORE IT CAN BE SUBMITTED FOR APPROVAL.**

Student name \_\_\_\_\_ School \_\_\_\_\_

I have offered my services as a volunteer to help the School Corporation in the following areas:

\_\_\_\_\_

I agree to abide by all relevant School Board policies and administrative guidelines while on duty for the Corporation. I understand that, although I am covered under the Corporation's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the Corporation, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the Corporation or entitled to any benefits provided to employees. I further release the Board from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

For the protection of the children in the school, the Corporation is required by law to inquire of its staff members whether or not they have ever been convicted of a crime related to children. We would appreciate your cooperation by indicating that you have never been convicted of any of the following offenses: aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, aggravated menacing, abuse or neglect of a child, kidnapping, abduction, child stealing, criminal child enticement, rape, sexual battery, corruption of a minor, gross sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually-oriented matter involving a minor, illegal use of a minor in nudity-oriented material or performance, endangering children, contributing to the delinquency of children, carrying concealed weapons, improperly discharging a firearm at or into a school or house, corrupting another with drugs, placing harmful objects in or adulterating food or confection.

For the protection of the children in the school, the Corporation shall perform an Indiana Criminal History Check on approved volunteers. History Check performed on \_\_\_\_\_. Additional findings on the criminal history check, other than those specifically named above, will be reviewed by the Superintendent for approval or denial.

Please print clearly.

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

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

\_\_\_\_\_  
Volunteer Maiden Name (if applicable)

\_\_\_\_\_  
Volunteer Date of Birth

\_\_\_\_\_  
Volunteer Gender

\_\_\_\_\_  
Volunteer State and Country of Birth

\_\_\_\_\_  
Volunteer Phone Number

\_\_\_\_\_  
Volunteer Social Security Number

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Superintendent Signature

5/08  
2/2/10  
4/17/12  
8/27/19  
8/11/22