

Community Relations

School Volunteers

Volunteer Information Form and Waiver of Liability

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

Personal Information

Name: _____ Telephone: _____
Last First Middle

Address: _____
Street City State Zip Code

Personal physician: _____ Phone _____

Emergency adult contact: _____ Phone _____

Are you now or have you ever been a school volunteer? _____

At which school(s)? _____ Year (s)? _____

The name of any child or ward attending this school: _____

Information Regarding Criminal Conviction, Placement on DCF Child Abuse and Neglect Registry or Sex Offender Registry

- (a) Are you a sex offender listed on a state or federal sex offender registry? _____
- (b) Are you listed on any DCF Child Abuse and Neglect registry? _____
- (c) Have you ever been convicted of a felony involving a minor? _____
- (d) Have you been convicted of any felony within the past five years? _____
- (e) Have you ever been convicted of a felony? _____

*If you answered YES to (a), (b), (c), of (d) above, you are **not** eligible to volunteer in our District schools in accordance with our school volunteer policy and regulations.*

If requested, are you willing to consent to a criminal background investigation? _____

(The Superintendent or designee may request that a volunteer who works directly with a student(s) for extended periods of time without constant supervision of staff submit to a criminal background check or may similarly make such a request in other situations where a check would be prudent).

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 acknowledgment that they are providing volunteer service at their own risk. However, C.G.S. 10-235 provides that the district must indemnify and hold harmless volunteers from civil liability in most situations as long as the volunteer is approved by the Board of Education to carry out a duty prescribed by

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the Board and performs services under the direction of a certified teacher. Therefore the district must pay any damages awarded to a plaintiff in an action brought alleging negligence or other act resulting in injury, including infringement of that person's civil rights.

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.
3. You agree to abide by all applicable Board policies, regulations and school rules including, but not limited to, those governing student confidentiality.

Date: _____ Signature of Volunteer: _____

Printed Name of Volunteer: _____

For School Use Only

General description of assignment(s):

- 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: _____

“Sex offender list” checked by _____ on _____ (mandatory).

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 such as chaperoning on overnight field trip)? *(to be answered by Principal)*

If “yes,” and provided the individual authorized the check,

- the date on which the check was requested? _____
- the date on which it was received and reviewed. _____

Reviewed by: _____

Signature

Date