



**6:250-E Exhibit - Resource Person and Volunteer
Information Form and Waiver of Liability**

Volunteers must complete this form one time each school year. Please print clearly in ink.

Volunteer Information:

Last Name: _____ First Name: _____ Middle Name: _____

Address, City, State, and Zip Code:

Phone Number: _____

Emergency Adult Contact:

Name: _____ Phone: _____

Are you now or have you ever been a school volunteer? Yes No

If yes, list occurrences:

School Name, School Year, Name of Child(ren) Attending:

Criminal Conviction

Are you a child sex offender? Yes No

If yes, list all offenses:

Offense, Date, Location:

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



Have you viewed the District 95 Volunteer Video? Yes No

If no, please use the QR code to access or go to: tinyurl.com/D95-volunteer-video

Waiver of Liability

The School District does not provide 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.

By Your Signature Below

You acknowledge that the School District does not provide insurance coverage for any loss, illness or death resulting from your unpaid service to the School District. You agree to assume all risk for death or any loss, injury, illness or damage of any nature or kind, arising out of your supervised or unsupervised service to the School District. You also agree to waive any and all claims against the School Board, its members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of your supervised or unsupervised service to the School District.

For volunteer coaches/activity sponsors and chaperones only:

I understand that while fulfilling my coaching responsibilities, I am a school official under State Law. In accordance with policy 5:90, Abused and Neglected Child Reporting, I will immediately report to the Building Principal, Superintendent, or designee, any act of hazing which I personally observe, where such act is unsanctioned or unauthorized by the school district and where such act that results in bodily harm to any person. If the acts results in death or great bodily harm, I will immediately make a report to law enforcement and I will immediately notify the Superintendent or Building Principal that a report has been made (720 ILCS 5/12C-50.1).

Volunteer Name (please print):

Volunteer Signature (must be signed in ink):

Date:

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
- Volunteer Coach or Activity Sponsor (fingerprint background check required)
- Chaperone for an overnight field trip activity (fingerprint background check)
- Other: _____

Name of Supervising Staff Member: _____

Raptor check completed by: _____ Date (mandatory): _____

Illinois Sex Offender Database Registry at: www.isp.state.il.us/sor/

Registry check completed by: _____ Date (mandatory): _____

Illinois Murderer and violent Offender Against Youth Registry at: www.isp.state.il.us/cmvo/

Raptor check completed by: _____ Date (mandatory): _____

Dru Sjodin National Sex Offender Public Website (NSOPW) at: www.nsopr.gov

Raptor check completed by: _____ Date (mandatory): _____

To be completed by the principal:

Will the individual be working as a coach, activity sponsor, chaperoning students on an overnight trip over a long period of time in direct contact with students where no staff member is continuously present or in other situations where a fingerprint-based criminal history records check would be prudent?

Yes No

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

Date the background check was requested: _____

Date the background check was received and reviewed: _____

Check reviewed by (please print): _____

Signature of Reviewer_____
Date