



Volunteer Information Form and Waiver of Liability

**ALL SCHOOL VOLUNTEERS MUST COMPLETE THIS FORM ANNUALLY AND
TURN IT IN TO THEIR SCHOOL SECRETARY.**

Only one form needs to be completed by a volunteer for all schools in District 96. Please print clearly and in ink.

Name: _____ Phone: _____
Last First

Address: _____ Email: _____
Street City Zip Code

Emergency Adult Contact: _____ Phone: _____

Personal Physician: _____ Phone: _____

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

If Yes, which school(s)? _____ Year _____

Names of child(ren)/ward attending this school: _____

Have you ever been convicted of a criminal offense other than a minor traffic violation? Yes No

If yes, explain, giving dates:

Have you ever had any indicated finding of child abuse filed in your name? Yes No

If yes, explain, giving dates:

Does your name appear on any Sex Offender Database in any state or country? Yes No

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:

- A) You acknowledge that the School District does not provide insurance coverage for the volunteer for any loss, injuries, or death resulting from the volunteer's unpaid service to the School District.
- B) 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 also agree to waive any and all claims against the School District, 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 the School District.
- C) You confirm that all of the above answers are complete and truthful.

Volunteer Name (PRINTED) Volunteer SIGNATURE Date

The information on this page will be kept confidential and viewed only by authorized school personnel.



Volunteer Information Form---For School Use

A COPY OF THIS PAGE WILL BE SENT TO EACH SCHOOL YOUR CHILDREN ATTEND.

Volunteers play a vital role in the schools of Riverside School District 96. We thank you for your interest in sharing your time and talents to promote the educational experiences of our students and school community.

Volunteer Name: _____ Phone: _____
Last First

Address: _____ Email: _____

Student's Name(s) _____ School: _____

Student's Name(s) _____ School: _____

When are you available to volunteer? I'm flexible

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

What are your areas of interest? (not all opportunities available at every school)

- | | | |
|--|---|--|
| <input type="checkbox"/> Adult Activity Nights | <input type="checkbox"/> Fun Lunch | <input type="checkbox"/> PTA Reflections |
| <input type="checkbox"/> Art | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Room Parent |
| <input type="checkbox"/> Bake Sale | <input type="checkbox"/> Games Nights | <input type="checkbox"/> Running Club |
| <input type="checkbox"/> Book Fair/Sales | <input type="checkbox"/> Halloween Programs | <input type="checkbox"/> Science Week Helper |
| <input type="checkbox"/> Campbell Labels/Boxtops | <input type="checkbox"/> Holiday Gift Shop | <input type="checkbox"/> Sock Hops/Dances |
| <input type="checkbox"/> Cultural Arts | <input type="checkbox"/> Ice Cream Social | <input type="checkbox"/> Staff Appreciation Week |
| <input type="checkbox"/> Ecology Club | <input type="checkbox"/> Junior Great Books | <input type="checkbox"/> Yearbook |
| <input type="checkbox"/> Election Day Helper | <input type="checkbox"/> Kindergarten Picnic | <input type="checkbox"/> Young Authors |
| <input type="checkbox"/> Family Nights | <input type="checkbox"/> Library Reader/Volunteer | |
| <input type="checkbox"/> Field Day | <input type="checkbox"/> Market Day | |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Picture Day Helper | |
| <input type="checkbox"/> Other _____ | | |

Do you have any special talents/skills that you would like to share? Please explain:
