

North Palos School District 117 Volunteer Information Form and Waiver of Liability 8:250-E1

All volunteers must: (1) review and sign the *North Palos School District 117 Guidelines for NPD117 Volunteers* form, (2) review and sign the *Volunteer Information Form and Waiver of Liability* form, and (3) provide a picture ID to the school office AT LEAST 7 days prior to volunteering or chaperoning an event or field trip.

Please print clearly in ink.

Name of Volunteer: _____

Home address: _____

City _____ State _____ Zip code _____

Telephone Number _____

Emergency adult contact name _____

Emergency contact phone number _____

Name of student(s)	Grade
_____	_____
_____	_____
_____	_____
_____	_____

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

If yes, which school? _____

Please list the name of child/children attending the school _____

Criminal Conviction Information:

Are you a child sex offender? Yes No

Have you ever been convicted of a felony? Yes No

If yes, list the offense, the date, and location:

Offense	Date	Location
_____	_____	_____

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



Waiver of Liability

NPD117 does not provide insurance 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 services 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 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, Board of Education 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.

Volunteer's name (please print)

Volunteer's signature

Date