

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.

Volunteer name (*please print*)

Volunteer signature

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
- Other _____

Name of supervising staff member: _____

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

Registry checked by: _____ Date: _____ (*mandatory*)

Illinois Murderer and Violent Offender Against Youth Registry, www.isp.state.il.us/cmvo/

Registry checked by: _____ Date: _____ (*mandatory*)

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

NSOPW checked by: _____ Date: _____ (*mandatory*)

To be completed by the Building Principal:

Will the individual 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 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 that the background check was requested: _____

Date that the background check was received and reviewed: _____

Check reviewed by (*please print*): _____

Signature of Principal

Date