

# Wood Dale School District No. 7

543 NORTH WOOD DALE ROAD  
WOOD DALE, ILLINOIS 60191-1587  
(630) 595-9510 FAX (630) 595-5625

JOHN CORBETT, Ed. D.  
*Superintendent*

MERRI BETH KUDRNA, Ed. D.  
*Curriculum Director*

ABE SINGH  
*Business Manager*

## Wood Dale District 7 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:*

Name: \_\_\_\_\_  
Last First Middle Telephone

Maiden Name or Previously Used Names: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip code

Personal physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency adult contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

If yes, at which school: \_\_\_\_\_ Year(s): \_\_\_\_\_

The name of any child attending this 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 all offenses.

Offense	Date	Location
_____	_____	_____
_____	_____	_____

If requested, are you willing to consent to a criminal history records check?  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:

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, 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

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**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/](http://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/](http://www.isp.state.il.us/cmvo/)

Registry checked by: \_\_\_\_\_ Date: \_\_\_\_\_ (mandatory)

Dru Sjodin National Sex Offender Public Website (NSOPW), [www.nsopr.gov](http://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