

Liberty Volunteer Application

Volunteers must complete this form one time each school year

Please print clearly in ink

Last Name _____ First _____ MI _____
Address _____ City _____ Zip _____
Telephone _____ Email _____
Personal Physician _____ Phone _____
Emergency Adult Contact _____ Phone _____
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
Are you now or have you ever been a school volunteer? Yes No
If yes, at which school?

Do you have students at our school(s)? If so, please list:

Name _____ Grade _____
Name _____ Grade _____

Which schools are you interested in volunteering in?

- Liberty Elementary Liberty Junior High Liberty High School Any/all schools

How would you like to volunteer?

Building

- Making copies
 Organizing/Filing
 Decorating bulletin boards
 Maintenance/Janitorial
 cafeteria

Large Group

- Playground/Cafeteria monitor
 Arranging for speakers/assemblies

Classroom

- Assisting teachers
 Sharing personal experience
 Providing an educational project
 Classroom celebrations/parties

Individual Students

- Tutoring
 Mentor/Lunch Buddy

Other (Please list) _____

When would you like to volunteer?

- On a regular basis (set day/time) Occasionally as needed and my schedule permits
 On a regular basis, but flexible

Waiver of Liability

Liberty Community Unit School District #2 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 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 Liberty Community Unit School District #2 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.

For volunteer coaches 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 report to the Building Principal any unsanctioned or unauthorized act that results in bodily harm to any person. If the act results in death or great bodily harm, I will make a report to law enforcement and promptly notify the Building Principal that a report has been made (720 ILCS 5/12C-50.1, added by P.A. 98-393).

Volunteer Name (please print)

Volunteer Signature

Date

General Description of assignment(s):

- | | |
|---|--|
| <input type="checkbox"/> Mentor/Tutor (one-on-one) | <input type="checkbox"/> Assisting in the main office |
| <input type="checkbox"/> Assisting with academic programs | <input type="checkbox"/> Maintenance/Janitorial assistance |
| <input type="checkbox"/> Supervising students | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cafeteria | |

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/secretary:

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 criminal history records check would be prudent? _____ Yes _____ No

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

Date check was requested _____ Date check received and reviewed _____

Reviewed by (please print) _____

Signature of reviewer _____ Date _____