

**Community Resource Persons and Volunteers**

**6:250-E Exhibit - 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)

Address \_\_\_\_\_  
(Street City Zip code)

Emergency contact \_\_\_\_\_ Telephone \_\_\_\_\_

Volunteer Birth Date \_\_\_\_\_ Email Address \_\_\_\_\_

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

**Release and Waiver**

Volunteer does hereby waive, release and forever discharge and hold harmless the Board of Education, its individual members and employees and its successors and assigns from any and all liability, claims, actions, causes of action and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from volunteer activities with the School District. Volunteer assumes all risk for any loss, injury, illness death and/or damage of any nature of kind whatsoever arising out of Volunteer's activities with the School District.

Volunteer understand that this Release and Waiver discharges the Board of Education from any liability or claim whatsoever that the Volunteer may have against the Board of Education with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's Activities with the School District, whether caused by the negligence of the Board of Education or its officers, directors, employees, agents or otherwise.

**Insurance**

Volunteer understands and agrees that the Board of Education is not providing insurance for the Volunteer. Volunteer does hereby waive his/her right to insurance coverage from the 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).

**By signing, I understand that my personal information will be checked against the Illinois Sex Offender Database Registry, the Illinois Murderer and Violent Offender Against Youth Registry, and the National Sex Offender Public Website.**

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/](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 reviewer \_\_\_\_\_ Date \_\_\_\_\_

Approved: April 8, 2019

**Harlem School District 122**

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