<u>Instruction</u>

Exhibit - Resource Person and Volunteer Information Form and Waiver of Liability

Name			Last
	First	Middle	Telephone
Address			
Street	City	Zip code	
Personal physician		Telepl	none
Emergency adult contact		none	
Are you now or have you ever bee	n a school volunteer	Yes	No
If yes, at which school?			Year?
The name of any c	hild or wa	rd attendir	ng this school
Criminal Conviction Information:	Are you a child se	offender [Yes No
Have you ever been convicted of	a felony? Yes	No I	f Yes, list all offenses.
Offense	Da	te	Location
If requested, are you willing to con	sent to a criminal his	tory records ch	eck? Yes No
Waiver of Liability	ischi to a criminar mis	nory records en	cck:1cs10

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.

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 signatu	re				Date			
		F	or School Us	e Only	,			
General description	n of assig	nment(s):						
Supervising Assisting Assisting	ng student with acad at the reso	is as needed by is during a regreemic programs ource center or	ularly schedul s · main office		·			
Name of supervisi	ng staff n	nember						
Illinois Sex Offen	der Datab	ase Registry, <u>v</u>	www.isp.state	.il.us/so	<u>or/</u>			
Registry checked by:				Date:		(mandato		
Illinois Murderer	and Viole	nt Offender A	gainst Youth I	Registr	y, <u>www.isp.s</u>	tate.il.us/	cmvo/	
Registry checked by:					Date:(mandator			
Dru Sjodin Nation	al Sex Of	fender Public	Website (NSC	OPW),	www.nsopr.g	<u>gov</u>		
NSOPW checked by:					Date:_	(mandate		
To be completed by	y the Build	ling Principal:						
Will the individua staff member is co records check woo	ntinuousl	y present or in	other situation	ne in di ons whe	irect contact vere a fingerpr	with stude int-based	ents where no criminal histor	
If yes, and provide please provide the			zed the finger	print-b	ased crimina	l history r	records check,	
Date	that	the	background		check	was	requested	
Date that	the	background	check	was	received	and	reviewed _	
		(please print)						