

Volunteer Information Form and Waiver of Liability

Only one form needs to be completed by a volunteer each school year. The completion of this form requires a valid state-issued ID (driver's license, identification card, work visa or green card). Please print clearly in ink:

Information Form

Name: _____

Last

First

Middle

Telephone

Address: _____

Street

City

Zip Code

Personal physician: _____ Phone _____

Emergency adult contact: _____ Phone _____

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

At which school? _____ Year? _____

The name of any child or ward attending this school: _____

Criminal Conviction InformationAre you a sex offender? (Registered as a sex offender) Yes NoHave you ever been convicted of a felony? Yes NoAre you registered on the Department of Children and Families (DCF) Child Abuse & Neglect Registry? Yes No

If you answered YES, list all offenses

Offense(s): _____

Date(s): _____

Place(s): _____

If requested, are you willing to consent to a criminal background investigation? Yes No**Waiver of Liability**

The School District does not provide liability 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. However, C.G.S. 10-235 provides that the district must indemnify and hold harmless volunteers from civil liability in most situations as long as the volunteer is approved by the Board of Education to carry out a duty prescribed by the Board and performs services under the direction of a

certified teacher. Therefore, the district must pay any damages awarded to a plaintiff in an action brought alleging negligence or other act resulting in injury, including infringement of that person's civil rights.

By your signature below:

1. 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.
2. 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. agree to waive any and all claims against the School District, or its officers, 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.

Date: _____ Signature of Volunteer: _____

Printed Name of Volunteer: _____
