

**VOLUNTEER RELEASE FORM – 2018/2019 SCHOOL YEAR**



I have offered my services as a volunteer to help the District in the following areas:

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I agree to abide by all relevant Board policies and administrative guidelines while on duty for the District. I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workman's compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

For the protection of the children in the school, the District is required by law to inquire of its staff members whether or not they have ever been convicted of a crime related to children. We would appreciate your cooperation by indicating that you have never been convicted of any of the following offenses: aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, aggravated menacing, abuse or neglect of a child, kidnapping, abduction, child stealing, criminal child enticement, rape, sexual battery, corruption of a minor, gross sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually-oriented matter involving a minor, illegal use of a minor in nudity-oriented material or performance, endangering children, contributing to the delinquency of children, carrying concealed weapons, improperly discharging a firearm at or into a school or house, corrupting another with drugs, placing harmful objects in or adulterating food or confection.

Any person who volunteers to work with the District shall be screened through the Internet sites for the Sex Offenders Registry (SOR) list, the Internet Criminal History Access Tool (ICHAT) criminal history records check and the Offender Tracking Information System (OTIS), prior to being allowed to participate in any activity or program.

**Children enrolled in Columbia School District**

\_\_\_\_\_  
Volunteer's Name – Please Print

Name    Grade    Building

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Volunteer's Maiden Name-Please Print

\_\_\_\_\_  
Date

***Dear Volunteer this form only has to be completed once every school year and is good for the entire school district; please advise if you have already completed this form.***

Mission Statement

The Columbia School District, in partnership with the community, will provide a safe and positive learning environment, which will prepare all students to contribute and compete in a global society.