

VOLUNTEER RELEASE FORM

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

<input type="checkbox"/> Field Trip	<input type="checkbox"/> Lunch	<input type="checkbox"/> Other (Please specify)
<input type="checkbox"/> Class Party	<input type="checkbox"/> Classroom Volunteer	

I agree to abide by all relevant School Board policies and administrative guidelines while on duty for the Corporation. I understand that, although I am covered under the Corporation's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the Corporation, 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 Corporation 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 Corporation 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 children.

I authorize the School Corporation to seek the release of investigatory information, including a "limited criminal history," possessed by any private or public employer or any local, State, or Federal agency. I authorize these private and public employers or any local, State or Federal agencies to provide the School Corporation any information they may release concerning the matter described herein, and I will cooperate to the extent necessary to obtain the release of this information.

<hr/> Volunteer - Please Print	<hr/> Date of Birth	<u>School Use Only</u> DOB Verified by ID _____ By _____
<hr/> Signature	<hr/> <u>M/F (please circle)</u> Gender	
<hr/> Address	<hr/> Race	<hr/> Phone Number
<hr/> City, State, Zip	<hr/> Maiden Name	<hr/> Date

SSN*

***In order to receive a quick turnaround on your volunteer background check, your social security number is requested. However, you may feel uncomfortable providing it to WCCS. We respect your decision and will submit your background check without it. It may be returned unapproved/incomplete and we will then contact you for additional approval. If your social security number is provided, it will be used only for the background check application and immediately destroyed.**