

Alden-Hebron Community Consolidated Unit Schools
District #19 Hebron Illinois 60034

ELEMENTARY SCHOOL
 11915 Price Road
 Hebron, IL 60034
 815/648-2442

DISTRICT ADMINISTRATIVE OFFICE
 11915 Price Road
 Hebron, IL 60034
 815/648-2442
 Fax: 815/648-2339

MIDDLE/HIGH SCHOOL
 9604 Illinois St.
 Hebron, IL 60034
 815/648-2442

Volunteer Information Form and Waiver of Liability

Only one form needs to be completed by a volunteer each school year. Please print clearly in ink:

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

If yes, at which school? _____ Year? _____

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

Criminal Conviction Information: Are you a 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 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 acknowledge that they are providing 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 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.

 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
- _____ supervising students on a field trip
- _____ assisting with academic programs
- _____ assisting at the resource center or main office
- _____ other _____

Name of supervising staff member: _____

Child Sex Offender List checked by _____ on _____ (mandatory)

Statewide Sex Offender Database checked by _____ on _____ (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 check would be prudent? Yes No

If "yes", and provided the individual authorized the criminal history records check, please provide the following:

- The date on which the check was requested _____
- The date on which it was received and reviewed _____
- Check reviewed by (please print) _____

Signature of Reviewer

Date