

# Series 1000 (2-page Form)

## Community Relations

### Volunteers, Student Interns and other Non-Employees

#### 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:

#### Information Form

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Personal physician: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency adult contact: Phone \_\_\_\_\_

Are you now or have you ever been a school volunteer? \_\_\_\_\_

At which school? \_\_\_\_\_ Year? \_\_\_\_\_

The name of any child or ward attending this school: \_\_\_\_\_

#### **Criminal Conviction Information**

Are you a sex offender? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

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? \_\_\_\_\_

#### **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 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 will refrain from using a personal cell phone while volunteering.

Form Reviewed: February 9, 2012

Reviewed: December 11, 2014

*Eastford Board of Education*

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3. You understand that the Eastford School District will not permit volunteers to participate in the following activities:
  - Possession of weapons
  - Violent activities
  - Use of alcohol, tobacco, narcotics or any controlled substances
  - Harassment, interference or intimidation of staff, volunteers and members of the community
  - Vandalism or defacing of property
  - Stealing
  - Disorderly conduct
  - Loitering or use of profanity on school or town property
  
4. 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 Eastford 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 Eastford School District.

Date: \_\_\_\_\_ Signature of Volunteer: \_\_\_\_\_

Printed Name of Volunteer \_\_\_\_\_

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#### For School Use Only

General description of assignment(s):

- Supervising students as needed by a teacher
- Supervising students during a regularly scheduled activity
- Assisting with programs
- Assisting at the resource center or main office
- Other \_\_\_\_\_

Name of supervising staff member: \_\_\_\_\_

“Sex offender list” checked by \_\_\_\_\_ on \_\_\_\_\_ (mandatory).

Is a criminal background check necessary (the individual will 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)?  
(to be answered by Principal) \_\_\_\_\_

If “yes,” and provided the individual authorized the check,

- The date on which the check was requested \_\_\_\_\_
- The date on which it was received and reviewed \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Signature

\_\_\_\_\_ Date

Regulation issued:

*Eastford Board of Education  
Eastford, Connecticut*