May 2022 6:250-E

## **Instruction**

## **Exhibit - Resource Person and Volunteer Information Form and Waiver of Liability**

Volunteers must compl	ete this form one time	each school year.	. Please print c	clearly in ink.
Name				
Last	First	Mi	ddle	Telephone
Address				
Street		City		Zip Code
Personal physician			Telephon	
Emergency adult conta	ict		Telephon	
Are you now or have y	ou ever been a school	volunteer?	Yes No	
If yes, at which school	?			Year?
Name(s) of any child(r	en) attending this scho	ool		
Criminal Conviction Ir	nformation: Are you	a child sex offen	der?    Yes [	No
Have you ever been co	nvicted of a felony?	☐Yes ☐ No	If Yes, lis	st all offenses.
Offe	nse	Date		Location
If requested, are you w	illing to consent to a c	riminal history re	cords check?	☐ Yes ☐ No
Waiver of Liability				
for the School District.	The purpose of this we coverage by the School	vaiver is to provious of District and to	de notice to pro	rsonnel serving as volunteers ospective volunteers that they volunteer's acknowledgmen
By your signature bel	ow:			
You acknowledge that or death resulting from				e for any loss, injuries, illness
out of your supervised claims against the Scho	or unsupervised service ool Board, its member	ce to the School I s, employees, age	District. You alents or assigns,	of any nature or kind, arising so agree to waive any and al for loss due to death, injury service to the School District
official under State law report to the Building P in bodily harm to any	w. In accordance with Principal any hazing, what person. If the act result	policy 5:90, <i>Abi</i> hich includes any lts in death or gre	used and Neglounsanctioned cat bodily harn	responsibilities, I am <i>a schoolected Child Reporting</i> , I will or unauthorized act that results in, I will make a report to law een made (720 ILCS 5/12C-

Volunteer Signature		
. oranicor organicaro	Date	
For School Use Only		
General description of assignment(s):  Supervising students as needed by a teacher Supervising students during a regularly scheduled activ Assisting with academic programs Assisting at the resource center or main office Other	rity —	
Name of supervising staff member		
Illinois Sex Offender Database Registry at: <a href="https://isp.illinois.ge">https://isp.illinois.ge</a>		
Registry checked by:	Date:	(mandatory)
Illinois Murderer and Violent Offender Against Youth Registry <a href="https://isp.illinois.gov/MVOAY/Disclaimer">https://isp.illinois.gov/MVOAY/Disclaimer</a>	at:	
Registry checked by:	Date:	(mandatory)
Dru Sjodin National Sex Offender Public Website (NSOPW) at	:: https://www.nso	pw.gov/
NSOPW checked by:	Date:	(mandatory)
<b>Γo be completed by the Building Principal:</b>		
Will the individual be working over a long period of time in directaff member is continuously present or in other situations when records check would be prudent? Yes No	rect contact with stree a fingerprint-ba	tudents where no sed criminal history
If <i>yes</i> , and provided the individual authorized the fingerprint-bablease provide the following:	used criminal histo	ory records check,
Date that the background check was requested		
Date that the background check was received and revie	wed	
Check reviewed by (please print)		
, , , <u> </u>		