## Instruction

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

Volunteers	must complete this	form one time e	ach school	year. Please	print clearly in ink:		
Name							
	Last	First		Middle	Telephone		
Address							
	Street		City		Zip code		
Personal pl	hysician			Te	elephone		
Emergency adult contact				Telephone			
Are you no	ow or have you ever				No		
If yes, at which school?Year?							
Criminal C	Conviction Informati	on: Are you	a child sex o	ffender?	] Yes 🔲 No		
Have you	ever been convicted	of a felony?	Yes	No If	Yes, list all offenses.		
	Offense		Date	-	Location		
If requeste	d, are you willing to	consent to a cr	iminal histo	ry records c	heck? Yes No		
Waiver of	Liability						
volunteers volunteers volunteer's	for the School Dis	trict. The purpaye ave insurance	ose of this coverage by	waiver is to the section was the School	n-District personnel serving as o provide notice to prospective of District and to document the eat their own risk.		

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 or unsupervised service to the School District. You also agree to waive any and all claims against the School District, or its officers, School 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.

For volunteer coaches only: I understand that while fulfilling my coaching responsibilities, I am a school official under State law. In accordance with policy 5:90, Abused and Neglected Child Reporting, I will report to the Building Principal any unsanctioned or unauthorized act that results in bodily harm to any person. If the act results in death or great bodily harm, I will make a report to law enforcement and promptly notify the Building Principal that a report has been made (720 ILCS 5/12C-50.1, added by P.A. 98-393).

Volunteer name (please print)		
Volunteer signature	Date	
For School Use Only		
General description of assignment(s):		
<ul> <li>Supervising students as needed by a teacher</li> <li>Supervising students during a regularly scheduled activity</li> <li>Assisting with academic programs</li> <li>Assisting at the resource center or main office</li> <li>Other</li> </ul>	ity	
Name of supervising staff member		
Illinois Sex Offender Database Registry, www.isp.state.il.us/sor	<u>/</u>	
Registry checked by:	Date:	(mandatory)
Illinois Murderer and Violent Offender Against Youth Registry,		il.us/cmvo/
Registry checked by:	Date:	(mandatory)
Dru Sjodin National Sex Offender Public Website (NSOPW), w		
NSOPW checked by:	Date:	(mandatory)
To be completed by the Building Principal:		
Will the individual be working over a long period of time in direstaff member is continuously present or in other situations where records check would be prudent?   Yes  No		
If yes, and provided the individual authorized the fingerprint-base please provide the following:	sed criminal hist	tory records check,
Date that the background check was requested		
Date that the background check was received and review	wed	
Check reviewed by (please print)		
Signature of reviewer	Date	