

## Instruction

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

*Volunteers must complete this form one time each school year. Please print clearly in ink:*

Name			Telephone
Last	First	Middle	

Address	City		Zip code
	Street		

Personal physician	Telephone
1. Dr. J. A. Smith	2. Dr. B. C. Jones
3. Dr. D. E. Brown	4. Dr. F. G. White
5. Dr. H. I. Black	6. Dr. K. L. Green
7. Dr. M. N. Gray	8. Dr. O. P. Hall
9. Dr. Q. R. King	10. Dr. S. T. Lee
11. Dr. U. V. Scott	12. Dr. W. X. Adams
13. Dr. Y. Z. Baker	14. Dr. A. B. Clark
15. Dr. C. D. Evans	16. Dr. E. F. Harris
17. Dr. G. H. Martin	18. Dr. I. J. Nelson
19. Dr. K. L. Phillips	20. Dr. M. N. Roberts
21. Dr. O. P. Taylor	22. Dr. Q. R. Walker
23. Dr. S. T. Young	24. Dr. U. V. Wright
25. Dr. W. X. Ziegler	26. Dr. Y. Z. Zimmerman
27. Dr. A. B. Baker	28. Dr. C. D. Clark
29. Dr. E. F. Evans	30. Dr. G. H. Harris
31. Dr. I. J. Martin	32. Dr. K. L. Nelson
33. Dr. M. N. Phillips	34. Dr. O. P. Roberts
35. Dr. Q. R. Taylor	36. Dr. S. T. Walker
37. Dr. U. V. Young	38. Dr. W. X. Wright
39. Dr. Y. Z. Ziegler	40. Dr. A. B. Zimmerman
41. Dr. C. D. Baker	42. Dr. E. F. Clark
43. Dr. G. H. Evans	44. Dr. I. J. Harris
45. Dr. K. L. Martin	46. Dr. M. N. Nelson
47. Dr. O. P. Phillips	48. Dr. Q. R. Roberts
49. Dr. S. T. Taylor	50. Dr. U. V. Walker
51. Dr. W. X. Young	52. Dr. Y. Z. Wright
53. Dr. A. B. Ziegler	54. Dr. C. D. Zimmerman
55. Dr. E. F. Baker	56. Dr. G. H. Clark
57. Dr. I. J. Evans	58. Dr. K. L. Harris
59. Dr. M. N. Martin	60. Dr. O. P. Nelson
61. Dr. Q. R. Phillips	62. Dr. S. T. Roberts
63. Dr. U. V. Taylor	64. Dr. W. X. Walker
65. Dr. Y. Z. Young	66. Dr. A. B. Wright
67. Dr. C. D. Ziegler	68. Dr. E. F. Zimmerman
69. Dr. G. H. Baker	70. Dr. I. J. Clark
71. Dr. K. L. Evans	72. Dr. M. N. Harris
73. Dr. O. P. Martin	74. Dr. Q. R. Nelson
75. Dr. S. T. Phillips	76. Dr. U. V. Roberts
77. Dr. W. X. Taylor	78. Dr. Y. Z. Walker
79. Dr. A. B. Young	80. Dr. C. D. Wright
81. Dr. E. F. Ziegler	82. Dr. G. H. Zimmerman
83. Dr. I. J. Baker	84. Dr. K. L. Clark
85. Dr. M. N. Evans	86. Dr. O. P. Harris
87. Dr. Q. R. Martin	88. Dr. S. T. Nelson
89. Dr. U. V. Phillips	90. Dr. W. X. Roberts
91. Dr. Y. Z. Taylor	92. Dr. A. B. Walker
93. Dr. C. D. Young	94. Dr. E. F. Wright
95. Dr. G. H. Ziegler	96. Dr. I. J. Zimmerman
97. Dr. K. L. Baker	98. Dr. M. N. Clark
99. Dr. O. P. Evans	100. Dr. Q. R. Harris
101. Dr. S. T. Martin	102. Dr. U. V. Nelson
103. Dr. W. X. Phillips	104. Dr. Y. Z. Roberts
105. Dr. A. B. Taylor	106. Dr. C. D. Walker
107. Dr. E. F. Young	108. Dr. G. H. Wright
109. Dr. I. J. Ziegler	110. Dr. K. L. Zimmerman
111. Dr. M. N. Baker	112. Dr. O. P. Clark
113. Dr. Q. R. Evans	114. Dr. S. T. Harris
115. Dr. U. V. Martin	116. Dr. W. X. Nelson
117. Dr. Y. Z. Phillips	118. Dr. A. B. Roberts
119. Dr. C. D. Taylor	120. Dr. E. F. Walker
121. Dr. G. H. Young	122. Dr. I. J. Wright
123. Dr. K. L. Ziegler	124. Dr. M. N. Zimmerman
125. Dr. O. P. Baker	126. Dr. Q. R. Clark
127. Dr. S. T. Evans	128. Dr. U. V. Harris
129. Dr. W. X. Martin	130. Dr. Y. Z. Nelson
131. Dr. A. B. Phillips	132. Dr. C. D. Roberts
133. Dr. E. F. Taylor	134. Dr. G. H. Walker
135. Dr. I. J. Young	136. Dr. K. L. Wright
137. Dr. M. N. Ziegler	138. Dr. O. P. Zimmerman
139. Dr. Q. R. Baker	140. Dr. S. T. Clark
141. Dr. U. V. Evans	142. Dr. W. X. Harris
143. Dr. Y. Z. Martin	144. Dr. A. B. Nelson
145. Dr. C. D. Phillips	146. Dr. E. F. Roberts
147. Dr. G. H. Taylor	148. Dr. I. J. Walker
149. Dr. K. L. Young	150. Dr. M. N. Wright
151. Dr. O. P. Ziegler	152. Dr. Q. R. Zimmerman
153. Dr. S. T. Baker	154. Dr. U. V. Clark
155. Dr. W. X. Evans	156. Dr. Y. Z. Harris
157. Dr. A. B. Martin	158. Dr. C. D. Nelson
159. Dr. E. F. Phillips	160. Dr. G. H. Roberts
161. Dr. I. J. Taylor	162. Dr. K. L. Walker
163. Dr. M. N. Young	164. Dr. O. P. Wright
165. Dr. Q. R. Ziegler	166. Dr. S. T. Zimmerman
167. Dr. U. V. Baker	168. Dr. W. X. Clark
169. Dr. Y. Z. Evans	170. Dr. A. B. Harris
171. Dr. C. D. Martin	172. Dr. E. F. Nelson
173. Dr. G. H. Phillips	174. Dr. I. J. Roberts
175. Dr. K. L. Taylor	176. Dr. M. N. Walker
177. Dr. O. P. Young	178. Dr. Q. R. Wright
179. Dr. S. T. Ziegler	180. Dr. U. V. Zimmerman
181. Dr. W. X. Baker	182. Dr. Y. Z. Clark
183. Dr. A. B. Evans	184. Dr. C. D. Harris
185. Dr. E. F. Martin	186. Dr. G. H. Nelson
187. Dr. I. J. Phillips	188. Dr. K. L. Roberts
189. Dr. M. N. Taylor	190. Dr. O. P. Walker
191. Dr. Q. R. Young	192. Dr. S. T. Wright
193. Dr. U. V. Ziegler	194. Dr. W. X. Zimmerman
195. Dr. Y. Z. Baker	196. Dr. A. B. Clark
197. Dr. C. D. Evans	198. Dr. E. F. Harris
199. Dr. G. H. Martin	200. Dr. I. J. Nelson
201. Dr. K. L. Phillips	202. Dr. M. N. Roberts

Emergency adult contact	Telephone
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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 child 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 history records check? ☐ Yes ☐ No

## Waiver of Liability

The School District does not provide 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.

**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 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

**Volunteer Birth Date:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

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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 academic programs
- ☐ Assisting at the resource center or main office
- ☐ Other \_\_\_\_\_

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

Illinois Sex Offender Database Registry, [www.isp.state.il.us/sor/](http://www.isp.state.il.us/sor/)

Registry checked by: \_\_\_\_\_ Date: \_\_\_\_\_ (*mandatory*)

Illinois Murderer and Violent Offender Against Youth Registry, [www.isp.state.il.us/cmvo/](http://www.isp.state.il.us/cmvo/)

Registry checked by: \_\_\_\_\_ Date: \_\_\_\_\_ (*mandatory*)

Dru Sjodin National Sex Offender Public Website (NSOPW), [www.nsopr.gov](http://www.nsopr.gov)

NSOPW checked by: \_\_\_\_\_ Date: \_\_\_\_\_ (*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 fingerprint-based criminal history records check would be prudent? ☐ Yes ☐ No

If *yes*, and provided the individual authorized the fingerprint-based criminal history records check, please provide the following:

Date that the background check was requested \_\_\_\_\_

Date that the background check was received and reviewed \_\_\_\_\_

Check reviewed by (*please print*) \_\_\_\_\_

\_\_\_\_\_  
Signature of reviewer

\_\_\_\_\_  
Date

APPROVED: