



Riverside School District 96
63 Woodside Road
Riverside, IL 60546
708-447-5007

Volunteer Information Form and Waiver of Liability

**ALL SCHOOL VOLUNTEERS MUST COMPLETE THIS FORM ANNUALLY AND
TURN IT IN TO THEIR SCHOOL SECRETARY.**

Only one form needs to be completed by a volunteer for all schools in District 96. Please print clearly and in ink.

Name: _____ Phone: _____
Last First

Address: _____ Email: _____
Street City Zip Code

Emergency Adult Contact: _____ Phone: _____

Personal Physician: _____ Phone: _____

Student Name: _____ School: _____ Grade: _____

Student Name: _____ School: _____ Grade: _____

Are you now or have you ever been a school volunteer in District 96? ☐ Yes ☐ No

If Yes, which school(s)? _____ Year _____

Have you ever been convicted of a criminal offense other than a minor traffic violation? ☐ Yes ☐ No

If yes, explain, giving dates:

Have you ever had any indicated finding of child abuse filed in your name? ☐ Yes ☐ No

If yes, explain, giving dates:

Does your name appear on any Sex Offender Database in any state or country? ☐ 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:

- A) You acknowledge that the School District does not provide insurance coverage for the volunteer for any loss, injuries, or death resulting from the volunteer's unpaid service to the School District.
- B) 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.
- C) You confirm that all of the above answers are complete and truthful.

Volunteer Name (PRINTED)

Volunteer SIGNATURE

Date

The information on this page will be kept confidential and viewed only by authorized school personnel.