

to the School District.

- 2. 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 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 School District.

_____ Date _____ Signature of Volunteer

 _____ Printed Name of Volunteer

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: _____

"Sex offender list" checked by _____ on _____
(Mandatory)

Is a criminal background check necessary (the individual will be working over a longer period of time in direct contact with students where no staff member is continuously present 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 _____

