

# Liberty Volunteer Application

Volunteers must complete this form one time each school year.

Please print clearly in ink.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Adult Contact \_\_\_\_\_ Phone \_\_\_\_\_

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/date/location \_\_\_\_\_

If requested, are you willing to consent to a criminal history records check?  YES  NO

Are you now or have you ever been a school volunteer?  YES  NO

If yes, at which school? \_\_\_\_\_

Do you have students at our school(s)? If so, please list:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

## Which schools are you interested in volunteering in?

Liberty Elementary  Liberty Junior High  Liberty High School  Any/All

## How would you like to volunteer?

### Large Group

Playground monitor (11:20-12:15 any day)  Cafeteria monitor (10:55-11:45 any day)

Library  8-9:30 or  1-3 any day

### Individual Students

Tutoring  Mentor/Lunch Buddy

## When would you like to volunteer?

On a regular basis (set day/time)  On a regular basis, but flexible

Occasionally as needed and my schedule permits

Please indicate which day of the week and time of day works best:

Monday  Tuesday  Wednesday  Thursday  Friday

Early AM (7:30-8:00)  Mid AM (9:00-10:00)  Early PM (1:00-2:00)

**Waiver of Liability**-Liberty Community Unit School District #2 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 by the School District and to document the volunteer's acknowledgement that they are providing volunteer service at their own risk.

**By your signature below:** You acknowledge that Liberty Community Unit School District #2 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

**General Description of assignment(s):**

Mentor/Tutor (one-one-one)  Assisting in the main office  Assisting with academic programs

Maintenance/janitorial assistance  Supervising students  Other: \_\_\_\_\_

Cafeteria Monitor  Playground Monitor

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

Illinois Sex Offender Database Registry, <https://isp.illinois.gov/Sor>

Register checked by: \_\_\_\_\_ Date \_\_\_\_\_ (mandatory)

Illinois Murder and Violent Offender Against Youth Registry, <https://isp.illinois.gov/MVOAY>

Register checked by: \_\_\_\_\_ Date \_\_\_\_\_ (mandatory)

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

NSPOW checked by: \_\_\_\_\_ Date \_\_\_\_\_ (mandatory)

**To be completed by the building principal/secretary:**

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 criminal history records check would be prudent?  Yes  No

If "yes", and provided the individual authorized the criminal history records check, please provide the following:

Date check was requested \_\_\_\_\_ Date check received and reviewed \_\_\_\_\_

Reviewed by (please print) \_\_\_\_\_

of reviewer \_\_\_\_\_ Date \_\_\_\_\_

Signature

November 8, 2019