



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.**