

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 _____
Last First Middle Telephone

Address _____
Street City Zip Code

Personal physician _____ Telephone _____

Emergency adult contact _____ Telephone _____

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

If yes, at which school? _____ Year? _____

Name(s) of any child(ren) 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 Cooperative does not provide insurance coverage to non-Cooperative personnel serving as volunteers for the Cooperative. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the Cooperative 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 Cooperative does not provide insurance coverage for any loss, injuries, illness, or death resulting from your unpaid service to the Cooperative.

You agree to assume all risk for death or any loss, injury, illness, or damage of any nature or kind, arising out of your supervised or unsupervised service to the Cooperative. You also agree to waive any and all claims against the Governing and Operational Board, its members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of your supervised or unsupervised service to the Cooperative.

Volunteer Name (*please print*)

Volunteer Signature

Date

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 at: <https://isp.illinois.gov/Sor/Disclaimer>

Registry checked by: _____ Date: _____ (mandatory)

Illinois Murderer and Violent Offender Against Youth Registry at:

<https://isp.illinois.gov/MVOAY/Disclaimer>

Registry checked by: _____ Date: _____ (mandatory)

Dru Sjodin National Sex Offender Public Website (NSOPW) at: <https://www.nsopw.gov/>

NSOPW checked by: _____ Date: _____ (mandatory)

To be completed by the Principal/Program Administrator:

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

Implemented: 8/2013

Updated: 8/2018

Updated: 11/14/2022