



**Illini Central Volunteer Information Form and Waiver of Liability**

Only one form needs to be completed by a volunteer each school year. Please print clearly in ink:

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City Zip Code

Personal Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Emergency adult contact \_\_\_\_\_ Telephone \_\_\_\_\_

Are you now or have you ever been a school volunteer? (circle one) YES NO

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

The name of any child or ward attending this school \_\_\_\_\_

Criminal conviction Information: Are you a child sex offender? (circle one) YES NO

Have you ever been convicted of a felony? (circle one) YES NO If YES, list all offenses.

OFFENSE: \_\_\_\_\_ DATE \_\_\_\_\_ LOCATION \_\_\_\_\_

OFFENSE: \_\_\_\_\_ DATE \_\_\_\_\_ LOCATION \_\_\_\_\_

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

**Waiver of Liability**

The Illini Central CUSD #189 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:**

You acknowledge that the Illini Central CUSD 189 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 Illini Central CUSD 189, 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.

\_\_\_\_\_  
Volunteer name (please print)

\_\_\_\_\_



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*Volunteer signature*

*Date*