



“Our actions will inspire and equip students to excel.”



**Mason County Central Schools Volunteer Information Form and Waiver of Liability**

One form needs to be completed by a volunteer each school year in which s/he is volunteering. Please print clearly in ink.

**Confidentiality Statement**

*Mason County Central Schools observes strict confidentiality of identities and personal educational matters of children and families attending our schools. It is understood that a volunteer in a school setting may gain knowledge of students that is of a private and/or confidential nature, including but not limited to discipline, academics and health issues. Volunteers are expected to maintain confidentiality of such information and discuss it only with school staff as it applies to their volunteer assignment. Under no circumstances should information be shared with other adults or children.*

Initial that you have read and will abide by the Confidentiality statement. \_\_\_\_\_

PERSONAL INFORMATION:

Name \_\_\_\_\_  
Last First Middle Phone

Previous, married and/or maiden names \_\_\_\_\_  
Last First Middle

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

Date of Birth \_\_\_\_\_ Gender \_\_\_\_F \_\_\_\_M  
mm/dd/yyyy

Race/Ethnicity: \_\_\_ White \_\_\_ Black \_\_\_ Am. Indian or Alaskan Native \_\_\_ Asian/Pacific Islander \_\_\_ Other/Unknown  
*Please provide a copy of your valid driver’s license or state ID for verification purposes.*

EMERGENCY INFORMATION:

Personal physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency adult contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Medical Information (allergies, medications or conditions we may need to be aware of) \_\_\_\_\_

Requesting to volunteer at (check all that apply):

Scottville Elem. \_\_\_ Middle School \_\_\_ Victory Early Childhood \_\_\_  
Upper Elem \_\_\_ High School \_\_\_ Athletics (indicate sport) \_\_\_\_\_

Other (please list) \_\_\_\_\_

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

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

Do you have a child or ward attending this school? \_\_\_ Yes \_\_\_ No

If yes, the name of the child: \_\_\_\_\_

Criminal Conviction Information

Are you a child sex offender or have you ever been convicted of, or entered a nolo contendere plea, to any felony or any crime involving children? \_\_\_ Yes \_\_\_ No

If you answered YES, list all offenses.

| Offense | Date  | Place |
|---------|-------|-------|
| _____   | _____ | _____ |
| _____   | _____ | _____ |

If requested, are you willing to consent to a criminal background investigation (Fingerprint)? \_\_\_ YES \_\_\_ NO

In some situations a volunteer may be required to have a fingerprint report completed, at the expense of the volunteer, using the district-provided form. The report will be maintained for the duration of the volunteers’ continuous service to the District. rev 06/2015



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**Waiver of Liability**

The School District does not provide liability 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.

1. You acknowledge that the School District 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.
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.

\_\_\_\_\_  
Written Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Volunteer

\_\_\_\_\_  
Email Address

**For School Use Only** (to be completed by supervising staff member, reviewed by administrator)

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

General description of assignment(s); supervising staff member check all that apply:

- |   |   |
|---|---|
| <input type="checkbox"/> Supervising students as needed by a teacher                | <input type="checkbox"/> Chaperone for school field trips or social events for students |
| <input type="checkbox"/> Supervising students during a regularly scheduled activity | Date of event(s) _____  |
| <input type="checkbox"/> Assisting with academic programs                           | <input type="checkbox"/> Chaperone for overnight events, competitions, etc.             |
| <input type="checkbox"/> Assisting at the main office                               | Date of event(s) _____  |
|   | <input type="checkbox"/> Other _____  |

Forward to school office.

“Sex offender list” checked by \_\_\_\_\_ on \_\_\_\_\_ (mandatory).

Is a criminal background check (fingerprinting) a necessity (the individual will 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 check would be prudent)?  (to be answered by Principal) If “yes,” and provided the individual authorized the check, refer individual to CBO for information.

\_\_\_\_\_  
Principal’s Signature

***Administrator/Supervisor ---After completing this form, forward to the CBO for review.***

**For CBO Use Only**

Fingerprint report reviewed by (if required) \_\_\_\_\_  
Signature Date

I\_CHAT performed by (mandatory) \_\_\_\_\_  
Signature Date

Notification of I\_CHAT and/or fingerprinting to Supervisor & Administrator \_\_\_\_\_  
Date

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