

STAFFORD PUBLIC SCHOOLS
Stafford Springs, Connecticut

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:

Information Form

Name: _____
Last First Middle Telephone

Address: _____
Street City Zip Code

Personal physician: _____ Phone _____

Emergency adult contact: _____ Phone _____

Are you now or have you ever been a school volunteer? _____

At which school? _____ Year? _____

The name of any child or ward attending this school: _____

Criminal Conviction Information

Are you a sex offender? _____

Have you ever been convicted of a felony? _____

If you answered YES, list all offenses

Offense(s): _____

Date(s): _____

Place(s): _____

If requested, are you willing to consent to a criminal background investigation? _____

(Please note, all Group II volunteers must submit to a criminal background check which include but may not be limited to fingerprinting.)

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. However, C.G.S. 10-235 provides that the district must indemnify and hold harmless volunteers from civil liability in most situations as long as the volunteer is approved by the Board of Education to carry

out a duty prescribed by the Board and performs services under the direction of a certified teacher. Therefore, the district must pay any damages awarded to a plaintiff in an action brought alleging negligence or other act resulting in injury, including infringement of that person's civil rights.

Volunteer Information Form and Waiver of Liability

Waiver of Liability (continued)

By your signature below, you acknowledge that you have received and read the waiver of liability and Board policy and regulation 1212.

Date: _____ Signature of Volunteer: _____
Printed Name of Volunteer _____

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: _____
"Sex offender list" checked by _____ on _____ (mandatory).

Was a criminal background check necessary? Yes ___ No ___

If "yes," and provided the individual authorized the check,

- the date on which the check was requested? _____
- the date on which it was received and reviewed. _____

Reviewed by: _____
Signature Date