



*Education that inspires... Opportunities for all*  
**GURNEE SCHOOL DISTRICT 56**

3706 Florida Avenue • Gurnee, IL 60031 • 847-336-0800 • www.d56.org

**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 Phone*

Address \_\_\_\_\_  
*Street City/State Zip Code*

Personal Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Adult Contact \_\_\_\_\_ Phone \_\_\_\_\_

Are you now or have you ever been a school volunteer? \_\_\_\_\_

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

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

**Criminal Conviction Information**

Have you ever been convicted of a crime that has you listed on any Sex Offender Registries? \_\_\_\_\_

Have you ever been convicted of a crime that has you listed on a Murderer & Violent Offender Against Youth Database? \_\_\_\_\_

**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.

By Your Signature Below:

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. You 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.

\_\_\_\_\_  
*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).

Is a criminal background check necessary (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, please provide the following:

- The date on which the check was requested? \_\_\_\_\_
- The date on which it was received and reviewed? \_\_\_\_\_

Reviewed by:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*