



“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 for each building 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. _____

Information Form

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) _____

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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

Name of supervising staff member: _____

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

- Supervising students as needed by a teacher
- Supervising students during a regularly scheduled activity
- Assisting with academic programs
- Assisting at the main office
- Chaperone for school field trips or social events for students
- Chaperone for overnight events, competitions, etc.
- Other _____

“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)

Principal’s Signature

If “yes,” and provided the individual authorized the check, refer individual to CBO for information.

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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