



## United Way I READ Application: HARLEM DISTRICT 122

### Exhibit - Resource Person and Volunteer Information Form and Waiver of Liability

*Volunteers must complete this form one time each school year. Please print clearly in ink:*

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

Address \_\_\_\_\_  
Street City Zip code

Personal physician \_\_\_\_\_ Telephone \_\_\_\_\_

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

Volunteer Birth Date: \_\_\_\_\_

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

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

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

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

Criminal Conviction Information: Are you a child sex offender?  Yes  No

Have you ever been convicted of a felony?  Yes  No If Yes, list all offenses.

Offense	Date	Location
_____	_____	_____
_____	_____	_____

If requested, are you willing to consent to a criminal history records check?  Yes  No

#### **Waiver of Liability**

The School District 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 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.

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 School District, 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.

**For volunteer coaches only:** I understand that while fulfilling my coaching responsibilities, I am a *school official* under State law. In accordance with policy 5:90, *Abused and Neglected Child Reporting*, I will report to the Building Principal any unsanctioned or unauthorized act that results in bodily harm to any person. If the act results in death or great bodily harm, I will make a report to law enforcement and promptly notify the Building Principal that a report has been made (720 ILCS 5/12C-50.1, added by P.A. 98-393).

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

\_\_\_\_\_  
Volunteer signature

\_\_\_\_\_  
Date



**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 \_\_\_\_\_

Illinois Sex Offender Database Registry, [www.isp.state.il.us/sor/](http://www.isp.state.il.us/sor/)

Registry checked by: \_\_\_\_\_ Date: \_\_\_\_\_ (mandatory)

Illinois Murderer and Violent Offender Against Youth Registry, [www.isp.state.il.us/cmvo/](http://www.isp.state.il.us/cmvo/)

Registry checked by: \_\_\_\_\_ Date: \_\_\_\_\_ (mandatory)

Dru Sjodin National Sex Offender Public Website (NSOPW), [www.nsopr.gov](http://www.nsopr.gov)

NSOPW checked by: \_\_\_\_\_ Date: \_\_\_\_\_ (mandatory)

**To be completed by the Building Principal:**

Will the individual 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 fingerprint-based criminal history records check would be prudent?  Yes  No

If *yes*, and provided the individual authorized the fingerprint-based criminal history records check, please provide the following:

Date that the background check was requested \_\_\_\_\_

Date that the background check was received and reviewed \_\_\_\_\_

Check reviewed by (*please print*) \_\_\_\_\_

\_\_\_\_\_  
Signature of reviewer

\_\_\_\_\_  
Date



## Expectations of I READ Volunteers

**Complete** the required application paperwork and attend orientation and training sessions as needed.

**Be prompt and dependable.** Please notify the school volunteer coordinator if you cannot attend at your scheduled time.

**Sign in and out** upon arrival and departure. **Wear your nametag** for identification.

**Communicate.** Ask questions, share ideas, get to know the staff and other volunteers. Don't hesitate to call, leave a note, or ask for a meeting to discuss any problems or concerns that may arise. Every problem is solvable with respectful, honest communication. Support and supplement the programs of the classroom teachers and school staff. The volunteer's role is one of assistance.

**Be a positive role model** for children with proper attitude, behavior, language, and dress. Let your conversations demonstrate respect for others, and avoid language that may be perceived as discriminatory, sexist, or offensive.

**Be respectful of children's diversity** of culture, religion, and background. Don't assume the child celebrates the same holidays (Christmas, Easter, Halloween, or even their birthday). Don't assume the make-up of the child's "family" (size, race, or gender). Practice pronunciation of the children's names if they are unfamiliar. Show interest in the student(s) cultures and learn more.

**Be confidential.** Respect the confidential nature of the knowledge you gain concerning the academic performance, behavior and personal information of the children with whom you work. Discuss concerns with the teacher or volunteer coordinator, not with other volunteers, parents, or acquaintances.

**Notify** the teacher, principal, or volunteer coordinator if a child tells you something or you notice something that may indicate his/her safety is at risk or he/she is in emotional distress. Staff will do the necessary follow-up.

**Protect privacy.** Do not ask for a student's address or phone number, and do not share yours with the student(s).

**Maintain contact only in school setting.** Do not initiate contact with the children with whom you work or their families outside of the school or program setting.

**Follow "safe touch" suggestions.** Volunteers do not *initiate* touching a child (hand-holding, hugs, lap-sitting), but may respond to a child's initiation of appropriate touch. Respecting a child's right to say "no," volunteers *can* ask a child if her/she would like a hug.

**Photos of child are private.** Please do not take a photo of the child you tutor. If you are provided a photo of the child by staff person, please do not share photo on Facebook, photo libraries, or other forums that are accessible to others.

**No Technology.** This is time for personal interaction with your child. Please do not use IPADS, phone apps, etc. unless it is requested by the teacher in direct correlation with an activity.

**Work with provided curriculum and teacher feedback.** Do not bring your own or curriculum items to the lesson. If you need help or activities please see the classroom teacher.

**Gifts for students are inappropriate.** Don't bring gifts or food treats for *individual* children. With teacher approval, volunteers may bring snacks for the entire classroom or they may make a donation of books or supplies for the classroom.

**Ensure positive closure.** If you plan on ending your volunteer involvement before the end of the year, please notify your teacher and the volunteer coordinator. It is especially important if you are working with a child that the student is clear about your final date with him/her. The child needs to be left with the clear message that you have enjoyed working with him/her.

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Signature

Date

**\*Please Keep copy for your files**



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Date

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