



Meridian School District #223 I Read Program Volunteer Application

Name: _____
Last First M.I Birth date

Address: _____
Street City State Zip Code

Phone: _____ Email: _____

Best Reached at: ___Phone ___ Email Availability: _____

Emergency Contact: _____
Name Relationship Phone

Personal Physician: _____
Name Phone

Criminal Conviction Information

Are you a child sex offender? ___Yes ___No Have you ever been convicted of a felony? ___Yes ___No
If Yes, please list all offenses below.

Offense Date Place

Offense Date Place

Offense Date Place

If requested are you willing to consent to a criminal background investigation? ___Yes ___No

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 who do not have insurance coverage provided 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 volunteer's unpaid service at the School District.
- You agree to assume all risk for death, any loss, injury, illness, or damage of any nature or kind, arising out of the volunteer's supervised 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.

Print Name: _____ Signature: _____

Date