

**TO BE COMPLETED UPON INITIAL SERVICE**

**INFORMATION FORM AND WAIVER LIABILITY FOR UNPAID POSITIONS**

*Only one form needs to be completed by a volunteer/intern/student teacher  
each school year. Please print clearly in ink:*

**Information Form**

Name: \_\_\_\_\_  
*Last First Middle Telephone*

Address: \_\_\_\_\_  
*Street City Zip Code*

Date of Birth: \_\_\_\_\_

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 registered sex offender? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

You will be subject to a criminal background investigation.

**Waiver of Liability**

The School District does not provide liability insurance coverage to non-district personnel serving as volunteers/interns/student teachers for the School District. The purpose of this waiver is to provide notice to prospective - personnel that they do not have insurance coverage by the School District and to document the – personnel's acknowledgment that they are providing service at their own risk. However, C.G.S. 10-235 provides that the district must indemnify and hold harmless - these people from civil liability in most situations as long as the person 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.

**Information Form and Waiver of Liability for Unpaid Positions**

**Waiver of Liability (continued)**

By your signature below:

1. You acknowledge that the School District does not provide insurance coverage for you for any loss, injuries, illness, or death resulting from the your 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 your 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 your supervised or unsupervised service to the School District.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

**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).

**Criminal Background Check**

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

Reviewed by: \_\_\_\_\_  
Signature Date