

Edwardsville CUSD #7 Volunteer Information Form

Only one form needs to be completed by a volunteer each school year. Please print clearly in ink.

Name: _____
Last First Middle

Address: _____
Street City Zip Code

Phone: _____ Alternative Phone: _____

Emergency Contact: _____ Phone: _____

Have you ever been a school volunteer in the Edwardsville CUSD #7 before? _____

At which school? _____ Year? _____

Name of any child or ward attending this school: _____

Criminal Conviction Information

Are you a "child sex offender"? _____

Have you ever been convicted of a felony? _____ (if yes, list all offenses)

Offense	Date	Place
_____	_____	_____
_____	_____	_____

Printed Name of Volunteer

Signature of Volunteer

Date

EDWARDSVILLE CUSD #7 VOLUNTEER
WAIVER, RELEASE and HOLD HARMLESS AGREEMENT

I, the undersigned, an adult over the age of eighteen (18), hereby specifically agree to release and indemnify, save and hold harmless the Edwardsville Community Unit School District #7 (District), its Board of Education, Board members, agents and employees from any and all losses, claims, actions or proceedings of every kind and character which may be presented or initiated to recover money, property or damages for any injuries to persons or property as a direct or indirect result of my activities for the District, its Board of Education, Board members, agents and/or employees.

I, the undersigned, further understand that this Waiver, Release and Hold Harmless Agreement extends, but is not limited to, any personal injuries, injurious results, damages or losses which I, myself, may experience or sustain while engaged in volunteer activities for the District, its Board of Education, Board members, agents and/or employees. I agree, with full knowledge of the consequences of this agreement, to waive any and all rights to bring suit or initiate any claim procedure in respect to any personal injuries, property damages or losses I may experience or sustain directly or indirectly arising out of my activities, or arising from any negligent or willful acts or omissions on the part of the District, its Board of Education, Board members, agents and/or employees.

I freely assume all risks, hazards and losses that may befall me in connection with my activities for the District, its Board of Education, Board members, agents and/or employees.

I further expressly agree that the forgoing Volunteer Waiver, Release and Hold Harmless Agreement is intended to be a complete and unconditional release of all liability to the greatest extent allowed by law and it is agreed that if any portion hereof is held to be invalid, void, or for any reason unenforceable, then the provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions which will continue in full force and effect.

Name of Volunteer (Print)

Signature of Volunteer

Date

(over)