HARBOR BEACH COMMUNITY SCHOOL DISTRICT VOLUNTEER RELEASE FORM

| Birth Date: | |
|---|--|
| Full Name (Including Middle Name): | |
| Address: | |
| Home Phone: | Cell Phone: |
| Grade Level of Activity: 6-12 | |
| Teacher's Name: Sara De De | o no |
| I understand that, although I am covered under by its health insurance policy nor am I eligible | and administrative guidelines while on duty for the District. The District's liability insurance policy, I am not covered for workers' compensation. Should I become ill or suffer a District, I agree that I shall be responsible for any and all |
| entitled to any benefits provided to employees | not in any manner considered an employee of the District or . I further release the Board of Education from any and all e, which may result as a consequence of my volunteer |
| members whether or not they have ever been cappreciate your cooperation by indicating that offenses: aggravated murder, murder, voluntal assault, aggravated assault, assault, aggravate abduction, child stealing, criminal child entice sexual imposition, importuning, voyeurism, purprostitution, promoting prostitution, procuring pandering obscenity, pandering obscenity involving a minor, illegal use of a minor in nucleilldren, contributing to the delinquency of ch | the District is required by law to inquire of its staff convicted of a crime related to children. We would you have never been convicted of any of the following ary manslaughter, involuntary manslaughter, felonious and menacing, abuse or neglect of a child, kidnapping, ament, rape, sexual battery, corruption of a minor, gross ablic indecency, felonious sexual penetration, compelling a prostitution, disseminating matter harmful to juveniles, plving a minor, pandering sexually-oriented matter dity-oriented material or performance, endangering ildren, carrying concealed weapons, improperly ouse, corrupting another with drugs, placing harmful |
| Signature: | Date: |
| Approved By: | Principal/Superintendent |