## MARCELLUS COMMUNITY SCHOOLS BUILDING VOLUNTEERS OR CHAPERONES RELEASE FORM

Marcellus Community Schools recognizes that volunteers perform a vital role in supporting and promoting its educational and extra-curricular activities for the benefit of students, staff and the public welfare. In order to take steps necessary to ensure safety for all students and staff, building volunteers must have a Limited Criminal History background check on file each year. This report will be kept on file in the superintendent's office.

It is the responsibility of the volunteer to work with Local Law Enforcement to clear any items listed on a background check. It shall be the discretion of the building Principal or other designated Administrator to limit the type of volunteering based on information listed on a background check in conjunction with applicable Local and State Laws.

I hereby acknowledge and agree to the following:

- 1. I have offered my services as a volunteer to help the Marcellus Community Schools.
- 2. I agree to abide by all relevant Board policies and administrative guidelines while serving as a volunteer for the District. I understand that, although I am covered under the District's liability Insurance policy, I am not covered by its health insurance policy; I am not eligible for worker's compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.
- 3. I understand further that, as a volunteer, I am not in any manner considered an employee of the district or entitled to any benefits provided to employees. I further release the Board of Education, Individual Board members, it employees and agents from any and all liability for any damages, which may result to me as a consequence of my volunteer services.

At times, **I may** have care, control or custody of students, other than my own child, out of the direct supervision of a teacher or other school employee and I acknowledge that **I** am required to demonstrate appropriate decorum, judgment and dress in my capacity as a volunteer.

(Please print legibly)							
Name:							
Signature:			Today's Date:				
CHILD'S NAME:		SCHOOL:	MS/HS Volinia	Elementary Athletics			
I do not have a child in Marcellus schools but I wish to volunteer at:							
For Office Use Only:	Approved Not Approved	By: By:					

To obtain a Limited Criminal History background check, please complete and return this portion to your child's school office or directly to the superintendent's office. The school may request a copy of your driver's license or other form of identification at the time of background request to ensure accuracy. This may be copied and attached to this form or presented in the school office.

## Volunteer's Information: (Please print legibly)

First Name	Middle	Last	
Street Address/P.O. Box			
City, State, Zip Code			
Maiden Name or Other Names		Phone Number	
Date of Birth (mm/dd/yy)	Gender:	Male Race	White Black Multi-Racial American Indian Asian/Pacific Other

## A COPY OF THE VOLUNTEER'S DRIVERS LICENSE MUST ACCOMPANY THIS FORM.