



440 Westford Rd. Ashford, CT 06278
 (860) 429-6419, (860) 429-3651 fax

Annual Volunteer Application Form and Waiver of Liability

NOTE: This form will be sent annually in summer mailings to all parents, and is given to newly enrolled students throughout the course of the school year. The form must be completed by anyone wishing to serve as volunteers and/or trip chaperones.

You may use this form to apply for more than one family member, please fill in the required information for each family member. You must be over 18 years of age, unless part of an approved program or internship, to volunteer or chaperone.

Applicant Information (please print)

Name: _____

Name: _____

Last First MI

Address: _____

Number Town/City State Zip

Copy of Driver's License or Date of Birth - Required

D.O.B. _____

License #: _____ Expiration Date: _____ State of Issuance: _____

D.O.B. _____

License #: _____ Expiration Date: _____ State of Issuance: _____

Criminal Conviction Information

If requested, are you willing to consent to a criminal background investigation? Yes No

If requested, are you willing to consent to a criminal background investigation? Yes No

Waiver of Liability:

The Ashford Board of Education does not provide liability insurance coverage to non-district personnel serving as volunteers for the Ashford Board of Education. The purpose of this waiver is to provide notice to the prospective volunteer that they do not have insurance coverage by the Ashford Board of Education and to document the volunteer's acknowledgement that they are providing volunteer service at their own risk. However, C.G.S. 10-235 provides that the district must indemnify and hold harmless volunteers from civil liability in most situations as long as the volunteer 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.

By your signature below:

1. You acknowledge that the School District does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer's unpaid service to the Ashford Board of Education.
2. You agree to assume all risk for death or any loss, injury, illness or damage of any nature or kind, arising out of the volunteer's supervised or unsupervised service to the Ashford Board of Education. You agree to waive any and all claims against the Ashford Board of Education, 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 Ashford Board of Education.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Applicant: _____

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

“Sex offender list” checked by _____ on _____

Name of supervising staff member: _____

To be Answered by the Principal:

Is a criminal background check necessary (will the individual will be working over a long period of time in direct contact with students where no staff member is continuously present, or in other situations where a check would be prudent)?

If “yes” and provided the individual authorized the check:

- the date on which the check was requested? _____
- the date on which it was received and reviewed? _____

Reviewed by: _____
Signature Date

Added to Approved Volunteer List: _____