



**I READ: Volunteer Form & Waiver of Liability**

\_\_\_\_\_ I am interested in volunteering in the Harlem School District #122.

\_\_\_\_\_ I am interested in volunteering in the Rockford School District #205

\_\_\_\_\_ I am interested in volunteering in both school districts.

Name \_\_\_\_\_  
Last First Middle Telephone

Address \_\_\_\_\_  
Street City Zip code

E-mail Address: \_\_\_\_\_

Personal physician: \_\_\_\_\_ Telephone \_\_\_\_\_

Emergency adult contact: \_\_\_\_\_ Telephone \_\_\_\_\_

Are you now or have you ever been a school volunteer?  Yes  No

If yes, at which school? \_\_\_\_\_ Year? \_\_\_\_\_

Placement preference for Rockford School District 205 and Harlem School District 122:

- \_\_\_\_\_ Beyer Elementary School
- \_\_\_\_\_ Hillman Elementary School
- \_\_\_\_\_ King Elementary School
- \_\_\_\_\_ Lathrop Elementary School
- \_\_\_\_\_ West View Elementary School
- \_\_\_\_\_ Parker Early Learning Center (Harlem School District 122)\*

\*All Harlem School District 122 volunteers will be placed at Parker Early Learning Center.

Day(s) available:  
Monday\_\_\_\_\_ Tuesday\_\_\_\_\_ Wednesday\_\_\_\_\_ Thursday\_\_\_\_\_ Friday\_\_\_\_\_

**Criminal Conviction Information** (applicants are not obligated to disclose sealed, reversed or expunged records of conviction)

|   |   |
|---|---|
| <p>Are you a “sex offender” as defined by the Sex Offender Registration Act or a “violent offender against youth” as defined in the child Murder and Violent Offender Against Youth Registration Act?</p>   | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Have you ever been found under the Juvenile Court Act to be a perpetrator of sexual or physical abuse of any minor under the age of 18 years of age?</p>   | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Have you ever been convicted of committing first degree murder, conspiracy to commit first degree murder, or a Class X felony?</p>   | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Have you ever been convicted of any offense defined in the Cannabis Control Act except possession offenses involving less than 10 grams and/or manufacture, delivery, or possession with intent to deliver offenses involving less than 2.5 grams; or have you ever failed to fulfill the conditions of probation required by the court following conviction of an offense defined in the Cannabis Control Act?</p>          | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Have you ever been convicted of any offense defined in the Illinois Controlled Substances Act, except any offense for which you were placed on probation under the provisions of Section 410 of that Act; or have you ever failed to fulfill the conditions of probation required by the court following conviction of any offense defined in the Illinois Controlled Substances Act?</p>                                    | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Have you ever been convicted of any offense defined in the Methamphetamine Control and Community Protection Act, except any offense for which you were placed on probation under the provisions of Section 70 of that Act; or have you ever failed to fulfill the conditions of probation required by the court following conviction of any offense defined by the Methamphetamine Control and Community Protection Act?</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Have you ever been convicted of any attempt to commit any of the foregoing offenses?</p>   | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Have you ever been convicted of any offense committed or attempted in any other state or against the laws of the United States that, if committed or attempted in this State, would have been punishable as one or more of the foregoing offenses?</p>   | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Within the past seven years, have you been convicted of any other felony under the laws of this State or of any offense committed or attempted in any other state or against the laws of the United States that, if committed or attempted in this State, would have been punishable as a felony under the laws of this State?</p>   | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>Have you ever had any indicated finding of child abuse filed in your name?<br/>If yes explain:</p>   | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

**Waiver of Liability**

The School District does not provide insurance coverage to non-District personnel serving as volunteers for the School District. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the School District and to document the volunteer’s acknowledgment that they are providing volunteer service at their own risk.

**By your signature below:**

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 School District.

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 School District. You also agree to waive any and all claims against the School District, or its officers, School 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 School District.

You understand that your status as a volunteer will be contingent upon successful clearance of a check of the Illinois Sex Offender Registry and/or the National Sex Offender Registry and the Illinois Violent Offenders Against Youth database maintained by the Illinois State Police.

You agree that the information provided in this application is true in all respects, and you agree that if the information given is found to be false in any way, the District shall exclude you from being considered for volunteer service or would be cause for termination of such services.

\_\_\_\_\_  
Volunteer name (*please print*)

\_\_\_\_\_  
Volunteer signature

\_\_\_\_\_  
Date

**Please submit forms:**

Fax: (815)968-5878

Email: [VolunteerCenter@unitedwayrrv.org](mailto:VolunteerCenter@unitedwayrrv.org)

Mail: United Way of Rock River Valley

Attention: I READ Program

612 North Main Street, Suite 300

Rockford, Illinois 61103

(Forms can also be dropped off at the above address.)

|                          |       |  |  |
|--------------------------|-------|--|--|
| <b>OFFICE USE ONLY:</b>  |       | <input type="checkbox"/> <b>Approved</b> | <input type="checkbox"/> <b>Denied</b> |
| Sex Offender Registry:   | _____ | Child Murderer Registry:                 | _____                                  |
| Administrator Signature: | _____ | Date:                                    | _____                                  |