

Madison Consolidated Schools
Volunteer Release Form

Name: _____ Date: _____

Address: _____

Phone Number: _____

Which school or schools in the corporation do you wish to volunteer?

When would you be available to volunteer? (Time and Date) _____

I will be offering my services as a volunteer to help Madison Consolidated Schools in the following areas:

I agree to abide by all relevant Madison Consolidated Schools Board policies and administrative guidelines while on duty for the corporation. I understand that, although I am covered under the corporation's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the corporation, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of Madison Consolidated Schools Corporation or entitled any benefits provided to employees. I further release the Madison Consolidated Schools Board from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

For the protection of the children in the school, the Madison Consolidated Schools Corporation is required by law to inquire of its staff members whether or not they ever been convicted of a crime related to children. Madison Consolidated Schools require a background check for all volunteers that have direct contact with our students.

Have you ever been convicted of or pled guilty to a felony or a misdemeanor? Yes _____
NO _____

If the answer to the question is yes, please answer each of the following questions:

Please identify each offense of which you have been convicted:

Please provide the date of the conviction(s): _____

Please provide the state and court of conviction(s): _____

I hereby authorize the Madison Consolidated Schools District to inquire and verify any information contained on this application for volunteer service, and Madison Consolidated Schools shall not be liable for any damages, which may result from such inquiry or verification. I understand that making any misleading or untruthful statements on this application may result in my immediate termination from volunteer service.

_____ Date: _____

Volunteer

_____ Date: _____

Principal