Willoughby-Eastlake City School District
Level II Volunteer Application

Name: _____

Email: _____

Phone: Home _____
Cell _____
Work _____

Address: _____
_____
_____

***Ohio Resident for 5 years: Yes _____ No _____**

Name of school(s) where you wish to volunteer:
_____
_____

In what capacity do you wish to volunteer?
(for field trip, please provide date)
_____
_____
_____

List student(s) attending W-E Schools:

Student's Name	Grade	School	Relationship

Have you ever been charged or convicted of the following: Check "yes" or "no"

____ Yes ____ No Child endangerment

____ Yes ____ No Any violent felony

____ Yes ____ No Any sex related crime

____ Yes ____ No Any crime related to abuse of a child

____ Yes ____ No Use or possession of a controlled substance

NOTE: An applicant's prior conviction for any of the above criminal offenses will result in denial of approval of this volunteer application.

WAIVER AND RELEASE FORM RELEASE OF LIABILITY In return for being allowed to participate in volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer (hereafter referred to using "I", "me", or "my") releases and agrees not to sue Willoughby-Eastlake City Schools or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur. I understand and agree that the District is not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise. I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation. I also agree to indemnify and hold harmless the District for all claims arising out of my participation in the Volunteer Activities. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I also acknowledge that the District have not arranged and do not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies. I understand that as a volunteer, I am expected to maintain the highest standards of confidentiality, honesty, integrity, and fairness to insure the protection of the students in a competent and ethical manner without violating state and school laws, policies, and regulations.

_____ _____

(Applicant's Signature) **(Date)**

***PLEASE RETURN YOUR COMPLETED FORM TO THE BUILDING IT WAS RECEIVED FROM**

For Administrative Use Only:

I recommend _____ to serve as a volunteer at _____
(Name of Volunteer) **(Name of School)**

for the school year _____

_____ _____
(Teacher's Signature) **(Date)** **(Principal's Signature)** **(Date)**

***PLEASE SEND THE ORIGINAL COMPLETED AND SIGNED FORM TO: HUMAN RESOURCES**