



VOLUNTEER RELEASE FORM

Please print:

First Name _____

Middle Name _____

Last Name _____

Please circle: Race

White Black Asian or Pacific Islander American Indian or Alaskan Native Other

Please circle: Gender Male Female

Month of Birth _____ Day of Birth _____ Year of Birth _____

Maiden/Previously Used Name(s): _____

Student Name	Teacher	Your Relationship to Student
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VOLUNTEER DISCLOSURE

By virtue of my signature, I certify that the name and personal descriptive information is accurate as recorded on this document. I recognize my right to challenge the accuracy or completeness of the information contained in a criminal history check, sex offender check, or any other records check.

Signature

Date

Please attach a copy of your driver's license.

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The Creative Montessori Board of Directors appreciates the services provided by volunteers to the educational program. The Board approved policy calls for school leadership to recruit volunteers, to review their capabilities, and to make appropriate placements. School leadership believes that all volunteers should undergo similar criminal background record checks as those required by employees.

Chaperones who are not employees of the Academy are considered volunteers. Individuals who provide transportation for students other than their own children must provide the school with such documents as valid driver's license and appropriate automobile insurance. Anyone who provides transportation for children other than their own are considered chaperones and are required to fulfill criminal background record check requirements.

Costs for criminal background checks will be borne by the Academy. Please note that the criminal background check will be through the State provided ICHAT system and sex offender registry.

CERTIFICATION:

I agree to follow all relevant Board policies and administrative guidelines while serving as a volunteer at Creative Montessori Academy. I understand that I am covered under the Academy's liability insurance policy but am not covered by its health insurance policy nor am I eligible for workers compensation. Should I become ill or suffer an accident or injury while performing volunteer activities for the Academy, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that I am not an employee of the Academy and am not entitled to any benefits provided to employees. I further release the Academy Board of Directors from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

By my signature, I certify that the required information stated below is accurate to the best of my knowledge.

Name

Signature

Date