



EASTPOINTE COMMUNITY SCHOOLS

Volunteer Release Form

I, _____ have offered my services as a **volunteer**
Please Print - First Name Middle Initial Last Name

to assist the students in the Eastpointe Community Schools in the following area(s):

Student _____ Teacher _____

I agree to abide by all relevant Board policies and administrative guidelines while acting as a volunteer. I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for Worker's Compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand that, as a volunteer, I am not in any manner considered an employee by the District or entitled to any benefits provided to employees.

I also release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

Your cooperation is requested by indicating whether or not you have been convicted of any crimes:

_____ I have not been convicted of, or pled guilty or nolo contendere (no contest) to any crimes.

_____ I understand that a criminal background check will take place prior to my participating as a volunteer in the Eastpointe Community Schools and the information provided below will be kept confidential.

Previous names (Maiden, other first or last names which may have been changed):

Date of Birth: ____/____/____ RACE: _____ GENDER: M or F

Volunteer Signature _____ Date _____

District Witness _____ Position _____