



## BEREA CITY SCHOOL DISTRICT

### VOLUNTEER/CHAPERONE RELEASE FORM

I have read Board policy 3120.09, School Volunteers, and understand the following:

- I am required to abide by all Board policies and District guidelines while on duty as a volunteer,
- I need to be fingerprinted in order to run a criminal background check
- I understand that I will be covered under the District's liability policy but the District cannot provide any type of health insurance to cover illness or accidents incurred while serving as a volunteer, and
- I am not eligible for workers' compensation.

I, hereby, release the District of any obligation should I become ill or receive an injury as a result of my volunteer service.

\_\_\_\_\_  
**Volunteer/Chaperone's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Volunteer/Chaperone's name printed**

\_\_\_\_\_  
**Building Administrator's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Building**