



Evanston Township High School District 202 Volunteer Application and Waiver of Liability

1600 Dodge Avenue • Evanston, Illinois 60201 • 847-424-7000

(Only one form needs to be completed by a volunteer each school year. Please print clearly in black ink)

Today's Date: ____/____/____

Volunteer Information

Name:	Last:	First:	Middle:	<input type="checkbox"/> Jr. <input type="checkbox"/> III <input type="checkbox"/> II <input type="checkbox"/> IV
Address:	Number/Street/Apt. #:	City:	State:	ZIP:
Home Phone: ()	Mobile/Cell: ()	Work: ()		
Email address:				Date of Birth: ____/____/____
Emergency Contact Name:				Phone: ()
Have you volunteered at Evanston Township High School District 202 before?	<input type="checkbox"/> No. New volunteer <input type="checkbox"/> Yes. Returning volunteer	If yes, describe your past volunteer experience at ETHS and the year:		
ETHS Volunteer Position (position you are applying for):		Program/Activity:		
ETHS Contact Person:		ETHS Contact Phone Number: ()		

Criminal History Record Information

You are not obligated to disclose sealed or expunged records of conviction or arrest.

Have you ever been convicted of a crime under the Child Sex Offender and Murderer Community Notification Law? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If required, are you willing to consent to a fingerprint-based criminal background investigation? ☐ Yes ☐ No

Volunteers who will work directly with students or have contact with students on a regular basis or who participate in an educational tour that requires an overnight stay must have a criminal history record check (fingerprinting). **FINGERPRINTING MUST BE COMPLETED AND RESULTS RECEIVED BEFORE YOU ARE ELIGIBLE TO VOLUNTEER.**

Waiver of Liability

Evanston Township High School District 202 does not provide liability insurance for volunteers who are not District employees. By your signature you agree to assume all risk for any loss, injury or illness from your volunteer service to the District and you agree to waive any and all claims against the District for such loss or injury.

____/____/____
Date Signature of Volunteer Printed Name of Volunteer

FOR ETHS USE ONLY: (Do not write below this line)

ETHS DEPARTMENT CHAIRPERSON OR SUPERVISOR SIGNATURE REQUIRED:

____/____/____
Date ETHS Personnel (Signature) ETHS Personnel (Print Name)

☐ Check if fingerprinting is required. Fingerprinting forms are available in the Human Resources Office, H-113.

FOR HUMAN RESOURCES:

<input type="checkbox"/> Background results received. Received by:	Date: ____/____/____	<input type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared	<input type="checkbox"/> Department notified of results Sent by:	Date: ____/____/____
-----------------------------------------------------------------------	----------------------	--------------------------------------------------------------------------	---------------------------------------------------------------------	----------------------