

Kingswood Academy
Volunteer Background Release Form,
Confidentiality Agreement and Waiver of Liability

In connection with my request to serve as an unpaid volunteer, I understand that investigative inquiries on my background, in accordance with all state and federal laws, will be made on me and may include information as to my personal character, mode of living, general reputation, and other qualities pertinent to my service.

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

Name: _____
First
Middle
Last
Phone (Home)
Phone (Work)

Home Address: _____
Street
City
Zip Code

Personal Details: _____
Social Security Number
Date of Birth
Gender

Background Check Information

1. Have you been charged with, arrested for, or convicted of, any crime involving a sex offense or any felony involving a controlled substance? _____
2. Have you ever been charged with, arrested for, or convicted of, any other crime (other than a traffic violation)? _____
3. Have you ever been the subject of an investigation or complaint involving an allegation of sexual abuse? _____

If you answered YES to ANY question, list all offenses/allegations below and attach an explanation

Offense/Allegation	Date	Place
_____	_____	_____
_____	_____	_____

By signing below, I acknowledge that I understand that Kingswood Academy may make inquiries about any criminal history and driving history. Furthermore, I understand that Kingswood Academy may request information from various federal, state and other agencies that maintain such records.

By signing below, I authorize, without reservation, any party, including, but not limited to, law enforcement agencies, state agencies and private information bureaus and repositories, contacted by Kingswood Academy to furnish any and all of the above mentioned information. In addition, I hereby release Kingswood Academy from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to Kingswood Academy the above mentioned information as requested, in order to successfully complete a criminal background investigation for my request to serve as an unpaid volunteer. I will allow a photocopy of this authorization to be as valid as the original for purposes as determined necessary by Kingswood Academy.

Signature of Volunteer _____
Date

Printed Name: _____

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Confidentiality Agreement

I understand that Kingswood Academy values and encourages my involvement in my child's education. While participating in classroom activities or in instruction, I understand that I may have concerns about students. I will address these concerns with the teacher and never with other parents or neighbors. If I am unable to restrict sharing my observations with only school personnel, I understand that I may be asked to participate at my child's school in another worthwhile, but less sensitive, capacity.

Signature of Volunteer _____
Date

Printed Name: _____

Waiver of Liability

Kingswood Academy does not provide liability insurance coverage to personnel serving as volunteers for the school. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by Kingswood Academy and to document the volunteer's acknowledgment that they are providing volunteer service at their own risk.

By your signature below:

1. You acknowledge that the Kingswood Academy does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer's unpaid service to Kingswood Academy.
2. You agree to assume all risk for death or any loss, injury, illness or damage of any nature or kind, arising out of the volunteer's supervised or unsupervised service to Kingswood Academy.
3. You agree to waive any and all claims against Kingswood Academy, or its officers, directors, trustees, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of the volunteer's supervised or unsupervised service to Kingswood Academy.

Signature of Volunteer _____
Date

Printed Name: _____

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Volunteer Release---school information only

General description of assignment(s), including date of assignment: (completed by supervising staff member)

____ Date: _____ supervising students as needed by a teacher
____ Date: _____ supervising students during a regularly scheduled activity
____ Date: _____ assisting with academic programs
____ Date: _____ assisting at the resource center or main office
____ Date: _____ other: _____

Signature of supervising administrator: _____

Sex Offender Background check: (to be answered by Principal or designee)

1. The date on which the check was requested? _____
2. The date on which it was received and reviewed? _____

General Background check: (to be answered by Principal or designee)

1. The date on which the check was requested? _____
2. The date on which it was received and reviewed? _____

Reviewed by: _____
Signature *Printed Name*