



CHICAGO PUBLIC SCHOOLS

VOLUNTEER RELEASE FORM

TO: Name of Principal: _____

School Name: _____

RE: Volunteer Service

Date(s): _____

Please be advised that I would like to participate as a volunteer to provide support and assistance to school personnel and students.

I assume full responsibility for my actions and authorize the school personnel to act on my behalf in the event of an emergency situation.

I hereby release the Board of Education of the City of Chicago, its officers, members, employees, agents and volunteers from any liability or claims arising out of or in any way connected with my volunteer activities.

Volunteer: _____

Address: _____

Day Phone: _____

Evening Phone: _____

Volunteer Signature

Date

References:

Please give two references (people unrelated who know you well, such as an employer, pastor, teacher, or friend).

Name: _____ Day Phone: _____

Name: _____ Day Phone: _____

Special Needs:

Wheelchair accessibility On Bus Line

Medical Needs _____

Other Needs _____

Tuberculosis Test:

Have you ever been treated for, exhibited symptoms, or had a positive skin test for tuberculosis?

Yes No

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For School Use Only

Principal Approval

Date

TO BE RETAINED IN SCHOOL FILES