

**VOLUNTEER APPLICATION, RELEASE & AGREEMENT**

Thank you for your interest in serving as a volunteer for the Educational Service Center of the Western Reserve. As a condition of your volunteer service, you are required to fill out this form, as well as review and acknowledge receipt and understanding of the Volunteer Policy Manual (separate document). The safety of our students is our top priority. In order to ensure that our students are safely supervised, the Educational Service Center of the Western Reserve requires a BCII/FBI check of volunteers or chaperones who will be supervising children while out of sight of an ESC employee. This determination will be made by Program Directors. The ESCWR considers a volunteer's background check valid for 5 years from the date it was first processed.

Payment for the BCII/FBI check is the responsibility of the volunteer.

Applicant Needs/Does not need background check \_\_\_\_\_  
*Circle one* *Program Director Signature*

**VOLUNTEER APPLICATION:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I have/have not been a resident of the State of Ohio for the past five consecutive years.  
*Circle one*

If volunteer has not been a resident of the State of Ohio for the past five consecutive years, please list all previous addresses, and the dates lived there, for the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Which program do you wish to volunteer in: \_\_\_\_\_

**In case of emergency contact:**

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Medical Conditions/ Medications VOLUNTARY:**

Please list facts concerning any medical history, including allergies, medications being taken and any physical conditions to which the Educational Service Center should be alerted. This information is kept confidential and is for office purposes only.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give permission to have emergency care administered.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Volunteer Duties:**

Share any information about your interest in volunteering, such as a particular program(s) you are associated with or your skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please indicate days and times that are most convenient for you: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**References:**

Please list the names, addresses and phone numbers of persons having knowledge of your character:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

_____ Volunteer's Signature		_____ Date
_____ Print Volunteer's Name		



## **VOLUNTEER RELEASE:**

I (print name) \_\_\_\_\_, the undersigned, desire to provide volunteer services to the Educational Service Center of the Western Reserve. In exchange for being permitted to render volunteer services, I agree to release the Educational Service Center of the Western Reserve from any and all claims that may arise from my providing the services, to acknowledge my assumption of the risk of such claims and to indemnify the Educational Service Center from such claims in accordance with the terms of this agreement (“Release”). For the safety of the Educational Service Center students and staff, I understand the Educational Service Center of the Western Reserve may run a criminal records check on potential volunteers, and I hereby grant the Educational Service Center of the Western Reserve permission to run a criminal records check on me.

I represent to the Educational Service Center of the Western Reserve that: (1) I am eighteen years of age or older, and I am under no disability that would impair my ability to execute this Release; (2) I will not undertake any activity that I am not competent to safely perform; and (3) I will abide by all of the Educational Service Center policies and procedures. I acknowledge it is my sole responsibility to evaluate the risks inherent in my volunteer services, including, without limitation, dangers exposed by willful or negligent conduct by myself and/or others. Except as otherwise provided herein, I voluntarily assume full responsibility for all risks of damage, illness and personal injury arising out of my volunteer services. The Educational Service Center of the Western Reserve will not be responsible for any costs arising out of any damage, illness or injuring arising out of my volunteer services.

In exchange for the Educational Service Center’s agreement to permit me to provide volunteer services, I for myself and my heirs, executors and assigns, release, and agree not to sue and agree to hold harmless and indemnify the Educational Service Center of the Western Reserve, its Board of Education, its individual Board members, employees and agents from any and all liability of any kind, arising from negligence or otherwise, and from



all damages which might result from my volunteer services, including, but not limited to, property damage, bodily, personal or emotional injury, illness and/or death.

I understand that the Educational Service Center of the Western Reserve may have purchased a policy of liability insurance that may provide coverage for some of my volunteer activities. This Release shall apply only to bar claims against the Educational Service Center of the Western Reserve which: (1) there is no policy of insurance insuring the Educational Service Center of the Western Reserve against liability with respect to such claim or; (2) claims for which the Educational Service Center of the Western Reserve have a policy of liability insurance providing coverage with respect to such claim, to the extent that the amount of the claim or claims exceed the amount of available insurance coverage. Nothing in this Release will be interpreted as requiring the Educational Service Center of the Western Reserve to purchase any policy of liability insurance.

I and the Educational Service Center of the Western Reserve agree that this document is intended to be as broad and inclusive as permitted by law and that, if any portion of it is held invalid, the remaining provisions shall be binding and continue in full force and effect.

**I, the undersigned, have read the above carefully, understand its significance and implications, and voluntarily agree to all of its terms.**

_____	_____
Volunteer's Signature	Date
_____	
Print Volunteer's Name	



**VOLUNTEER AGREEMENT:**

I agree to perform the duties assigned to me in accordance with the Educational Service Center of the Western Reserve's policies and procedures and as outlined in the Volunteer Policy Manual.

I agree to conduct myself in a professional manner, to promote the education and interests of the students and the reputation of the Educational Service Center of the Western Reserve.

I agree not to disclose any confidential information or materials that I may have access to as a result of my volunteer assignment.

I understand that I am not entitled to compensation or any other employee benefit for any of the time I spend performing volunteer activities on behalf of the Educational Service Center of the Western Reserve.

I understand I am not eligible for coverage or covered by the Educational Service Center of the Western Reserve Workers' Compensation policy.

If a criminal records check is conducted, and the records check reveals one of the prohibited statutory violations or violations prohibited by the Educational Service Center of the Western Reserve's policies, the Educational Service Center of the Western Reserve may no longer utilize me as a volunteer.

I understand that falsification of any and all information on this Volunteer Agreement, Volunteer Release or Volunteer Application shall result in my being disqualified from volunteering or my volunteering being terminated.

**I have read and understand the above provisions and the policies as outlined in this Volunteer Application, Release & Agreement and Volunteer Policy Manual. I understand a disregard of these terms could result in termination of my volunteer assignment.**

_____	_____
Volunteer's Signature	Date
_____	
Print Volunteer's Name	

**[CONTINUED ON FOLLOWING PAGE]**

**For Educational Service Center use only:**

Building(s) assigned:

\_\_\_\_\_

Background check completed:

\_\_\_\_\_

Volunteer Application  
completed: \_\_\_\_\_

Volunteer Release completed:

\_\_\_\_\_

Volunteer Agreement  
completed: \_\_\_\_\_

Volunteer Policy Manual  
signed: \_\_\_\_\_

\_\_\_\_\_

District Representative

\_\_\_\_\_

Date

\_\_\_\_\_

Print District Representative's Name