



# Returning Volunteer Form

*(Use this form only if volunteered the previous year)*

Please print

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
School(s) Volunteering For

\_\_\_\_\_  
School Where Previously Volunteered

*Update any information that has changed since your initial application with FWUSD:*

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Administrator Approval Signature**

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

**Human Resource Office Only**

School Year \_\_\_\_\_

BA \_\_\_\_\_

Flowing Wells School District parent/guardian/student Yes No (circle one)

Log \_\_\_\_\_

Date fingerprinted \_\_\_\_\_ Valid FPC \_\_\_\_\_

Background check submitted \_\_\_\_\_

Date fingerprints cleared \_\_\_\_\_

Background cleared \_\_\_\_\_

Order Number \_\_\_\_\_

# VOLUNTEER RELEASE OF INFORMATION FORM

(Pertains to school volunteers or volunteer coaching positions)

*The purpose of this release is to notify you that a consumer report will be compiled in the course of consideration of your volunteer application.*

I hereby authorized Flowing Wells Schools to conduct a fingerprinting and background search to gather any and all information, even though confidential or privileged in nature, including criminal conviction history, in order to determine my qualifications and fitness for a position with Flowing Wells Unified Schools.

I hereby release you, your organization and any others concerned from any and all liability as a result of furnishing the requested information.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## VOLUNTEER WAIVER OF LIABILITY

Flowing Wells Unified School District does not provide insurance coverage to non-district personnel serving as volunteers for the district. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the district and to document the volunteer's acknowledgement that he/she is providing volunteer service at his/her own risk.

By your signature below you:

1. Acknowledge that Flowing Wells Unified School District does not provide insurance coverage for the volunteer for any loss, injuries, illness, or death resulting from the volunteer's unpaid service to Flowing Wells School District.
2. 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 the district. You agree to waive any and all claims against the school district, or its officers, board members, 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 the district.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_