

ROCKY RIVER CITY SCHOOL DISTRICT  
BOARD OF EDUCATION

VOLUNTEER PARTICIPATION FORM

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I have offered my services as a volunteer to help the Rocky River City School District Board of Education ("School District") in the following activities: \_\_\_\_\_.

**Volunteer Relationship.** I have agreed to work as a volunteer for the School District and do so of my own free will. I am qualified, in good health and have no limiting conditions with regard to my ability to participate in volunteer service for the School District. As a volunteer, I am not an employee or agent of the School District. I understand this role does not include compensation or payment of any kind, and that the School District does not offer healthcare insurance, workers' compensation insurance, or any other employee benefit to volunteers. I have my own healthcare insurance and will maintain such healthcare insurance while volunteering for the School District.

**Appropriate Conduct.** I understand that I must abide by all School District policies and guidelines (available for review on the School District's website or in the Superintendent's Office); I must display appropriate conduct at all times while volunteering for the School District; and I may not accept compensation from any third party/source, including but not limited to booster, parent or other School District support organizations, for the performance of volunteer service for the School District.

**Background Check.** I understand that volunteers who work unsupervised with children on a regular basis will be required to provide a set of fingerprints so that a criminal records check can be conducted. If a criminal records check is required, it will be done as a condition of service as a volunteer. If a criminal records check indicates that a volunteer has been convicted of or pleaded guilty to any offense described in R.C. 109.572(A)(1), the volunteer will be informed of the Board's actions in accordance with Policy 4120.09. This information will be maintained as confidential by the School District.

**Confidentiality of Student Information and Education Records.** The School District is committed to maintaining the confidentiality of all personally identifiable student information and education records. As a volunteer, I may have access to personally identifiable student information and/or education records information that must be maintained as confidential. I understand that I must abide by the following standards: a) records may not be left in a place where they can be viewed by others; b) copies of records may only be shared with others after School District administrative approval; c) volunteers may not repeat or otherwise disseminate student information overheard while in the classrooms or elsewhere while engaged in volunteer activities; and d) any knowledge of a violation of these standards must be immediately reported to a School District employee responsible for supervising your volunteer activities or to the building principal.

**School District's Liability Insurance Policy.** I understand that in course of my volunteer service to the School District, I will be covered under the School District's commercial general liability insurance policy ("CGL"). CGL is a standard insurance policy issued to organizations to protect them against liability claims for bodily injury and property damage arising out of premises, operations, products, and completed operations; and advertising and personal injury liability. I understand that I may request a copy of the School District's CGL policy. I acknowledge that I am not covered by any other policy of insurance maintained by the School District except as provided in this paragraph.

**School District's Legal Responsibility.** Should the School District through its employees engage in willful or negligent acts or omissions that cause me to suffer an accident or injury while I am engaged in

volunteer service for the School District, I understand that the School District shall be legally responsible for those acts or omissions to the extent provided by law and the School District's insurance coverage.

**My Legal Responsibility.** Should I suffer a volunteer-related accident or injury that is not the result of a willful or negligent act or omission of the School District employees as described in the preceding section, I acknowledge and agree that I shall be fully responsible for losses, expenses, and damages of whatsoever nature in connection with such accident or injury; and further that I (for myself, spouse, children and on behalf of my representatives, estate, and next of kin) hereby forever release, waive, discharge, hold harmless, and covenant not to sue the School District and its members, officers, administrators, employees, agents, and representatives for any and all losses, expenses, and damages of whatsoever nature in connection with such accident or injury including but not limited to losses, expenses, and damages for pain and suffering, physical or other injury, lost wages, medical expenses, sums of money, attorney fees, and any other alleged consequential or resulting damages.

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**By signing below, I acknowledge that I have read and understood the terms and conditions set forth above and that I am in agreement with these terms and conditions.**

\_\_\_\_\_  
Volunteer - Printed Name

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

\_\_\_\_\_  
School District Witness - Printed Name

\_\_\_\_\_  
School District Witness - Signature

\_\_\_\_\_  
Date