



# SCHOOL DISTRICT OF NEILLSVILLE

## 2024-25



### VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY

In signing this form, I understand and agree to the following terms and conditions related to volunteering my service to the School District of Neillsville.

**Volunteer Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_, WI Zip: \_\_\_\_\_

Phone Number(s): Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Areas interested in volunteering:**

- Athletics  Cafeteria  Classroom  Fieldtrip(s)  Library  Office

Please list school employee(s) you will be volunteering for: \_\_\_\_\_

Have you ever been found guilty of or do you presently have pending any violations for law (felonies and/or misdemeanors) other than minor traffic violations? In accordance with State law pending charges or convictions will not be used or considered unless they are substantially related to circumstances of the particular job.  Yes  No

I recognize that, as a volunteer I represent the above organization to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of this organization.

I will not participate in and will report any and all instance of any sort of harassment, exploitation, and/or intimidation. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization: (employees, volunteers, clients and visitors).

I agree to maintain the confidentiality of all volunteers, clients, and donors about whom I have personal and identifying information. Please initial here: \_\_\_\_\_

I agree to honor the commitment length and frequency of service that I make to the organization. I agree to provide as much advance notice as is possible in the event that I will be absent from my volunteer shift. I agree to update my personal information and emergency information as changes occur. Please initial here: \_\_\_\_\_

I am aware that as a volunteer I expose myself to potential hazards which include but are not limited to: kitchen accidents, cuts, burns, back injury from lifting, car accidents, property damage or injury to others in car accidents, falls, muggings, etc. Potential hazards have been explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury. Please initial here: \_\_\_\_\_

I agree that my assignees, heirs, distributes, guardian and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee agent, or volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release the School District of Neillsville from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representative now have or may hereafter have for injury resulting from my participation as a volunteer. Please initial here: \_\_\_\_\_

If my volunteer service includes driving an automobile, I acknowledge that I have both a valid driver's license and automobile liability insurance policy as required by state law. I agree to maintain my license and insurance in good standing for my entire tenure as a volunteer for the organization. I am knowledgeable of and agree to abide by local and state traffic laws. I agree not to drive while under the influence of alcohol and/or other intoxicating substances. Please initial here: \_\_\_\_\_

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

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

\_\_\_\_\_  
Witness Signature                      Date

\_\_\_\_\_  
Approved By                      Date

**SCHOOL DISTRICT OF NEILLSVILLE  
STUDENT TRANSPORTATION  
CONSENT FORM**

If you plan to volunteer your time and vehicle to transport students for school district sponsored functions, you must agree to the following conditions:

- I am a consenting adult over the age of 21.
- I have a valid operator's license. I will provide a copy of my license to the District. I understand that the District reserves the right to review my Motor Vehicle Record (MVR).
- I have adequate insurance coverage on my vehicle. I will provide a copy of my insurance policy or a certificate of insurance to the District.
- I will transport no more persons in my vehicle than the number of seat belts available. Each occupant of the vehicle will be required to wear a seat belt.
- I will inspect my vehicle prior to each trip to verify that it is in good working condition and that it contains a properly inflated spare tire and functional jack.

I have read the above conditions and agree to all. By signing below, I hereby assume all the risk associated with my driving activities.

\_\_\_\_\_  
Driver Signature                      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature                      \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Approved By                              \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date