## **Carlinville CUSD#1**

## **Volunteer Release/Enrollment Form**

If you have children in multiple schools list all children below and indicate grade levels.

		Prek-K 1-3 4-5 6-8 9-12	
Volunteer's Name: First	Middle		
A ddragg:			
Address: Street		City, State, Zip	
Phone: (Day)	(Evening	(Evening or cell)	
I am interested in volunteering is  ☐ Field Trips ☐ Classroom (parties, activities, or lessons)			
All volunteers must complete th	e following section.		
person engaged in child	abuse or neglect under the Ill state agency of another state	Children and Family Services as a inois Abused and Neglected Children under a similar law?	
. •	nally adjudicated in a juvenil	aw, but excluding offenses before your le court or under a youth offender law?	
<ul> <li>Do you give Carlinville ( Investigation"?Yes</li> </ul>		uct an "Illinois Criminal Background	
I assume full responsibility for rethe event of an emergency situate	-	school personnel to act on my behalf in	
I hereby release the Carlinville I volunteers from any liability of		ers, members, employees, agents, and a my volunteer activities.	
Volunteer Signature		 Date	