



# Homer Community Consolidated School District 33C

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*Dr. Craig Schoppe, Superintendent*  
*Lisa Figurell, Assistant Superintendent for Instruction*  
*Aleksas Kirkus, Assistant Superintendent for Business*  
*Dr. Michael Portwood, Assistant Superintendent for Human Resources*

August 1, 2024

Dear Parents/Guardians/Volunteers,

The safety and security of our students is a number one priority in Homer Community Consolidated School District 33C. In accordance with Public Act 98-266 and Illinois Criminal Code 720 ILCS 5/11-9.3, we will screen all volunteers who have direct contact with students on a yearly basis. In this regard, all volunteers must complete the written administrative procedures we follow during the screening process (Resource Person and Volunteer Information Form and Waiver of Liability).

If you have any questions, please contact me at (708) 226-7612. Thank you for continued support and for working with us as a partner in your child(ren)'s education.

Sincerely,

*Lisa Figurell*

Lisa Figurell  
Assistant Superintendent for Instruction

**Instruction**

**Exhibit - Resource Person and Volunteer Information Form and Waiver of Liability**

*Volunteers must complete this form one time each school year. Please print clearly in ink.*

Name \_\_\_\_\_  
Last First Middle Telephone

Address \_\_\_\_\_  
Street City Zip Code

Personal physician \_\_\_\_\_ Telephone \_\_\_\_\_

Emergency adult contact \_\_\_\_\_ Telephone \_\_\_\_\_

Are you now or have you ever been a school volunteer?  Yes  No

If yes, at which school? \_\_\_\_\_ Year? \_\_\_\_\_

Name(s) of any child(ren) attending this school \_\_\_\_\_

Criminal Conviction Information: Are you a child sex offender?  Yes  No

Have you ever been convicted of a felony?  Yes  No If Yes, list all offenses.

Offense	Date	Location
_____	_____	_____
_____	_____	_____

If requested, are you willing to consent to a criminal history records check?  Yes  No

**Waiver of Liability**

The School District does not provide insurance coverage to non-District personnel serving as volunteers for the School District. The purpose of this waiver is to provide notice to prospective volunteers that they do not have insurance coverage by the School District and to document the volunteer's acknowledgment that they are providing volunteer service at their own risk.

**By your signature below:**

You acknowledge that the School District does not provide insurance coverage for any loss, injuries, illness, or death resulting from your unpaid service to the School District.

You agree to assume all risk for death or any loss, injury, illness, or damage of any nature or kind, arising out of your supervised or unsupervised service to the School District. You also agree to waive any and all claims against the School Board, its members, employees, agents or assigns, for loss due to death, injury, illness or damage of any kind arising out of your supervised or unsupervised service to the School District.

**For volunteer coaches only:** I understand that while fulfilling my coaching responsibilities, I am a school official under State law. In accordance with policy 5:90, *Abused and Neglected Child Reporting*, I will report to the Building Principal any hazing, which includes any unsanctioned or unauthorized act that results in bodily harm to any person. If the act results in death or great bodily harm, I will make a report to law enforcement and promptly notify the Building Principal that a report has been made (720 ILCS 5/12C-50.1).

\_\_\_\_\_  
Volunteer Name (*please print*)

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

\_\_\_\_\_  
Date

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**For School Use Only**

General description of assignment(s):

- Supervising students as needed by a teacher
- Supervising students during a regularly scheduled activity
- Assisting with academic programs
- Assisting at the resource center or main office
- Other \_\_\_\_\_

Name of supervising staff member \_\_\_\_\_

Illinois Sex Offender Database Registry at: <https://isp.illinois.gov/Sor/Disclaimer>

Registry checked by: \_\_\_\_\_ Date: \_\_\_\_\_ (*mandatory*)

Illinois Murderer and Violent Offender Against Youth Registry at:

<https://isp.illinois.gov/MVOAY/Disclaimer>

Registry checked by: \_\_\_\_\_ Date: \_\_\_\_\_ (*mandatory*)

Dru Sjodin National Sex Offender Public Website (NSOPW) at: <https://www.nsopw.gov/>

NSOPW checked by: \_\_\_\_\_ Date: \_\_\_\_\_ (*mandatory*)

**To be completed by the Building Principal:**

Will the individual be working over a long period of time in direct contact with students where no staff member is continuously present or in other situations where a fingerprint-based criminal history records check would be prudent?  Yes  No

If *yes*, and provided the individual authorized the fingerprint-based criminal history records check, please provide the following:

Date that the background check was requested \_\_\_\_\_

Date that the background check was received and reviewed \_\_\_\_\_

Check reviewed by (*please print*) \_\_\_\_\_

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date