



WAIVER OF LIABILITY FOR VOLUNTEERS

SCHOOL: _____

Please type or print legibly:

Name: _____ **Date of Birth:** ____/____/____
(Last) (First) (Middle)

Address: _____ **City:** _____ **Zip:** _____

Phone #s: 1) _____ 2) _____ **Email:** _____

To help protect the District’s students and to minimize liability to the District itself, **please read and initial the following conditions applying to your service as a volunteer.**

_____ As a volunteer, I wish to donate my time, effort, and services to the District and understand that I will receive no compensation in return.

_____ I have read, signed and agreed to follow the “Guidelines for Volunteers” on page 2 & 3.

_____ I recognize and understand that my volunteer activities for the District expose me to the possibility of injury to my person and property and that I may suffer some kind of injury as a result of an accident and other unforeseen circumstances.

_____ I recognize that as a volunteer, I am not covered by any workers compensation or similar insurance that would pay my medical bills incurred because of any injury I may receive while performing services as a volunteer.

_____ Despite this risk of injury and lack of workers compensation or other medical insurance coverage from the District, I knowingly and voluntarily waive any and all claims, actions, or causes of action against the Greenville County Schools and agree to hold Greenville County Schools, its trustees, agents, affiliates, and employees harmless for any injury or damage that I may suffer as a result of my activities as a volunteer for the District.

_____ Because I will be entrusted to work around or with students, I agree to authorize Greenville County Schools and or its agent, ACCUFAX Div., Southvest Inc. to conduct such background checks as deemed necessary. I understand that I may request a complete and accurate disclosure of any information obtained from any of these background checks.

_____ In return for my agreement to these conditions, The School District of Greenville County agrees to accept my services as a volunteer.

For background check purposes, please provide:

Social Security #: _____ **Years Lived in SC:** _____

Signature of Volunteer Date

Signature of Principal Principal Name (Printed) Date

NOTE: Attach the two-page “Authorization for Background Check” to this form!

[VOLUNTEER COPY]

GUIDELINES FOR VOLUNTEER COACHES

The District recognizes both the need for volunteer coaches and also the valuable contribution they make to our programs and students. These guidelines are written to promote the positive impact of these individuals and to keep their contributions focused on the needs we have. It is adamant that we maintain professional integrity throughout our athletic programs. Many of our guidelines are created to keep the professional coaching and administrative responsibilities clearly in the hands of the District employees and professional staff. Some of the guidelines are directed at maintaining proper, ethical conduct for the volunteers. For our purposes, we will define volunteer coaches (sometimes referred to as “walk-on coaches”) as those coaches who are not paid for their services and are non-District employees or District employees that do not work directly with students, teachers or school administrators as their main job.

The following are guidelines and regulations for volunteer coaches in Greenville County Schools:

- All volunteer coaches are to be approved by the principal. An informal interview with the principal is required.
- The head coach and athletic director are fully responsible for all actions of the volunteers under their charge. As such, they are required to make the volunteer coach fully aware of these guidelines.
- Volunteer coaches are to abide by the rules and regulations of the school, the District, the South Carolina High School League and the Code of Conduct for Athletic Coaches in Greenville County Schools (Code of Conduct printed on back).

CONFLICTS AND CONFRONTATIONS:

- Verbal confrontations are not to be engaged in by volunteer coaches in any situation at any time with opposing coaches, players, officials, fans or parents. Conflicts that are or may become negative are to be referred to a professional staff member.
- Communication with parents regarding conflicts should be handled only by the professional staff. Complaints/concerns should be referred to his/her superior.
- In handling physical confrontations (fights), the volunteer coach is to limit his/her action to only his/her players in breaking up any fight. One should never push or pull opponents’ players from a fight...only pull/push your players away from a fight.
- Communications with game/contest officials for any reason whatsoever are to be avoided. If the volunteer coach is a head coach, he/she should only communicate with the officials before the game for the pre-game conference. Communication with officials during and after a contest should be done only by professional staff (District employees).
- As a coach working under the auspices of the District and local school, volunteer coaches are to maintain a professional/ethical relationship with all students.
- Physical contact with the players for any reason should be avoided. Exception: Where contact is necessary in explaining a taught motor skill or treating an injured athlete.
- Injuries to the volunteer of any nature are to be reported to your superior. This is especially true for those that will need medical attention from a trainer, doctor or emergency room.

Signature of Volunteer

Date

[SCHOOL/AD COPY]

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Signature of Volunteer

Date

GREENVILLE COUNTY SCHOOL DISTRICT CONSUMER AUTHORIZATION AND RELEASE

In connection with GREENVILLE COUNTY SCHOOL DISTRICT considering me for employment, continued, employment, promotion or reassignment, I authorize GREENVILLE COUNTY SCHOOL DISTRICT and or its agent, ACCUFAX Div., Southwest Inc. to obtain a consumer report, criminal background check report, investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates.

I authorize, without reservation, any person or entity contacted by GREENVILLE COUNTY SCHOOL DISTRICT, or its agent, ACCUFAX Div., Southwest Inc. to furnish the above stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release GREENVILLE COUNTY SCHOOL DISTRICT, its affiliated companies, their officers, employees and agents, and specifically, ACCUFAX Div., Southwest Inc., their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the employment process, will disqualify me from consideration for employment or result in my immediate discharge if employed.

By my execution hereof I acknowledge I have been provided with a separate Consumer Disclosure advising me that a report will be requested and used for the purpose of evaluating me for employment, continued employment, promotion, or reassignment as an employee.

PLEASE PRINT (Use Blue or Black Ink)

Requested by: 8643553974

SCHOOL _____

FULL LEGAL NAME _____ DOB* _____ SS# _____

OTHER NAME USED _____

Name exactly as it appears on Drivers License _____

CURR. ADDRESS _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

PREV.ADDRESS _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

PREV.ADDRESS _____

CITY _____ ST _____ CO _____ ZIP _____ HOW LONG _____

Signature _____ Date _____

LIST ALL CITY/STATES RESIDED IN SINCE AGE 18 AND HOW LONG IN EACH CITY/STATE:

* "DATE OF Birth" (DOB) or "Age" will be used solely for the purpose of identification in doing background checks and will not be considered or used for any other purpose.

GREENVILLE COUNTY SCHOOL DISTRICT CONSUMER AUTHORIZATION AND RELEASE

CONSUMER DISCLOSURE (FCRA-1)

In connection with **GREENVILLE COUNTY SCHOOL DISTRICT** considering me for employment, continued employment, promotion or reassignment, **GREENVILLE COUNTY SCHOOL DISTRICT** may obtain a consumer report, criminal background check report or investigative consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

PRINT NAME

DATE

SIGNATURE

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT