



ANCHORAGE SCHOOL DISTRICT VOLUNTEER WAIVER AND RELEASE

Thank you for volunteering in support of the Anchorage School District ("ASD"). Your willingness to invest your time, talents, and resources is greatly valued by ASD, and Volunteers significantly contribute to our mission to Educate All Students for Success in Life.

Please understand that ASD is committed to the well-being and safety of students, staff, and Volunteers. To incorporate Volunteers in school-based events and activities, ASD asks Volunteers to acknowledge their understanding of the risks associated with participation in school-related activities, and to sign a waiver statement assuming legal responsibility for those risks. Courts in Alaska require the waiver statement to address the following topics.

First, volunteering for school activities comes with inherent risks. Even with detailed planning, preparation, and optimal safe conditions, any event involving students, whether it is conducted at a school or other venue, can be unpredictable, occasionally chaotic, and physically risky. For instance, behaviors or actions by a student, ASD staff, or another Volunteer may cause damages to a Volunteer's property or result in injury to a Volunteer. Likewise, conditions on school property may contribute to a Volunteer's property damage or injury. ASD asks its Volunteers to assume responsibility for all risks -inherent or otherwise -as a condition of volunteering.

Second, while ASD strives to maintain the safety and security of every individual in its schools, facilities, and programs, ASD cannot eliminate all risks, inherent or otherwise. ASD staff may be NEGLIGENT or make MISTAKES, by commission or omission, when trying to eliminate or mitigate risks. ASD asks its Volunteers to release it from any liability related to NEGLIGENCE or MISTAKES, whether related to inherent risks or not.

Third, considering the current COVID-19 pandemic, and the fact that a person increases their chances of contracting this virus if they are in close proximity with other people, participating as a volunteer does increase the potential exposure. ASD is taking all reasonable measures to avoid the spread of COVID-19, but there is still a possibility that your participation as a volunteer could increase your chances of contracting this illness.

ASD activities vary significantly. This Waiver is meant to cover all situations, environments, and capacities in which Volunteers may find themselves while volunteering. Due to the very wide scope of risks and possible outcomes, by signing this Waiver, the Volunteer assumes legal responsibility for the small, but not impossible, risk of events such as vehicle collisions, gun violence, or natural disasters, COVID-19 exposure, and including bodily injury, illness, property damage, and even death.

Finally, as a condition of volunteering and by signing this Waiver, ASD asks you (and anyone that could legally stand in your place) to assume all risks arising from volunteering, and to agree to release ASD and its agents from liability stemming from ASD's NEGLIGENCE, MISTAKES, or uncontrollable conditions or circumstances, whether related to inherent risks or otherwise. ASD asks that you also agree to indemnify and hold ASD harmless for any claims arising out of your participation as a Volunteer.

By signing below, you represent that you fully understand and agree to ASD's terms as set forth above.

Signature of Volunteer:

Printed Name:

Date:



Anchorage School District
Volunteer Application

Volunteers support the Anchorage School District students, teachers, and staff through commitment and service in an effort to ensure students succeed in life. Volunteers encourage and inspire excellence in learning and goal achievement for all!

All personal information will be kept confidential.

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Is this address: ☐ Home ☐ Work ☐ Temporary

Phone: (home) _____ (work) _____ (cell) _____

Best time to call: ☐ Morning ☐ Afternoon ☐ Evening

DOB: _____

Availability

☐ Flexible
☐ Daytime

☐ Evenings
☐ Weekends

☐ Weekdays: (circle)
M T W T H F

How often will you be able to offer the above availability?

☐ Daily

☐ Weekly

☐ Monthly

☐ Other: _____

Please list talents/skills that would be beneficial to ASD _____

Experience

Do you have previous volunteer experience? ☐ Yes ☐ No

If yes, please explain: _____

Emergency Contact

Name: _____ Relationship: _____

Address _____ City _____ State: _____ Zip: _____

Phone: (h) _____ (w) _____ (cell) _____

By signing below, I certify that I have provided the Anchorage School District with accurate information. I understand that failure to provide accurate information may result in the denial of this application.

Signature: _____ Date: _____