



8221 AUBURN RD  
PAINESVILLE, OHIO  
44077  
PH | 440.350.2563  
[www.esc-lc.org](http://www.esc-lc.org)

Brian Bontempo, Ed.D., Superintendent

## VOLUNTEER APPLICATION, RELEASE & AGREEMENT

Thank you for your interest in serving as a volunteer for the Lake County Educational Service Center. As a condition of your volunteer service, you are required to fill out this form, as well as review and acknowledge receipt and understanding of the Volunteer Policy Manual (separate document).

### VOLUNTEER APPLICATION:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I have/have not been a resident of the State of Ohio for the past five consecutive years.

If volunteer has not been a resident of the State of Ohio for the past five consecutive years, please list all previous addresses, and the dates lived there, for the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which program do you wish to volunteer in: \_\_\_\_\_

### In case of emergency contact:

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### MISSION STATEMENT

*To excel in providing innovative programs and quality services that add value to our educational community.*



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**Medical Conditions/ Medications VOLUNTARY:**

Please list facts concerning any medical history, including allergies, medications being taken and any physical conditions to which the Lake County Educational Service Center should be alerted. This information is kept confidential and is for office purposes only.

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I give permission to have emergency care administered.

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Signature

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Date

**Volunteer Duties:**

Share any information about your interest in volunteering, such as a particular program(s) you are associated with or your skills: \_\_\_\_\_

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Please indicate days and times that are most convenient for you: \_\_\_\_\_

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**References:**

Please list the names, addresses and phone numbers of persons having knowledge of your character:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Volunteer's Name

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## **VOLUNTEER RELEASE:**

I (print name) \_\_\_\_\_, the undersigned, desire to provide volunteer services to the Lake County Educational Service Center. In exchange for being permitted to render volunteer services, I agree to release the Lake County Educational Service Center from any and all claims that may arise from my providing the services, to acknowledge my assumption of the risk of such claims and to indemnify the Lake County Educational Service Center from such claims in accordance with the terms of this agreement ("Release"). For the safety of the Lake County Educational Service Center students and staff, I understand the Lake County Educational Service Center may run a criminal records check on potential volunteers, and I hereby grant the Lake County Educational Service Center permission to run a criminal records check on me.

I represent to the Lake County Educational Service Center that: (1) I am eighteen years of age or older, and I am under no disability that would impair my ability to execute this Release; (2) I will not undertake any activity that I am not competent to safely perform; and (3) I will abide by all of the Lake County Educational Service Center policies and procedures. I acknowledge it is my sole responsibility to evaluate the risks inherent in my volunteer services, including, without limitation, dangers exposed by willful or negligent conduct by myself and/or others. Except as otherwise provided herein, I voluntarily assume full responsibility for all risks of damage, illness and personal injury arising out of my volunteer services. The Lake County Educational Service Center will not be responsible for any costs arising out of any damage, illness or injury arising out of my volunteer services.

In exchange for the Lake County Educational Service Center agreement to permit me to provide volunteer services, I for myself and my heirs, executors and assigns, release, and agree not to sue and agree to hold harmless and indemnify the Lake County Educational Service Center, its Board of Education, its individual Board members, employees and agents from any and all liability of any kind, arising from negligence or otherwise, and from all damages which might result from my volunteer services, including, but not limited to, property damage, bodily, personal or emotional injury, illness and/or death.

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I understand that the Lake County Educational Service Center may have purchased a policy of liability insurance that may provide coverage for some of my volunteer activities. This Release shall apply only to bar claims against the Lake County Educational Service Center which: (1) there is no policy of insurance insuring the Lake County Educational Service Center against liability with respect to such claim or; (2) claims for which the Lake County Educational Service Center has a policy of liability insurance providing coverage with respect to such claim, to the extent that the amount of the claim or claims exceed the amount of available insurance coverage. Nothing in this Release will be interpreted as requiring the Lake County Educational Service Center to purchase any policy of liability insurance.

I and the Lake County Educational Service Center agree that this document is intended to be as broad and inclusive as permitted by law and that, if any portion of it is held invalid, the remaining provisions shall be binding and continue in full force and effect.

**I, the undersigned, have read the above carefully, understand its significance and implications, and voluntarily agree to all of its terms.**

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Volunteer's Name

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## **VOLUNTEER AGREEMENT:**

I agree to perform the duties assigned to me in accordance with the Lake County Educational Service Center policies and procedures and as outlined in the Volunteer Policy Manual.

I agree to conduct myself in a professional manner, to promote the education and interests of the students and the reputation of the Lake County Educational Service Center.

I agree not to disclose any confidential information or materials that I may have access to as a result of my volunteer assignment.

I understand that I am not entitled to compensation or any other employee benefit for any of the time I spend performing volunteer activities on behalf of the Lake County Educational Service Center.

I understand I am not eligible for coverage or covered by the Lake County Educational Service Center Workers' Compensation policy.

If a criminal records check is conducted, and the records check reveals one of the prohibited statutory violations or violations prohibited by the Lake County Educational Service Center policies, the Lake County Educational Service Center may no longer utilize me as a volunteer.

I understand that falsification of any and all information on this Volunteer Agreement, Volunteer Release or Volunteer Application shall result in my being disqualified from volunteering or my volunteering being terminated.

**I have read and understand the above provisions and the policies as outlined in this Volunteer Application, Release & Agreement and Volunteer Policy Manual. I understand a disregard of these terms could result in termination of my volunteer assignment.**

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Volunteer's Name

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[CONTINUED ON FOLLOWING PAGE]

**For Lake County Educational Service Center use only:**

Building(s) assigned: \_\_\_\_\_

Background check completed: \_\_\_\_\_

Volunteer Application completed: \_\_\_\_\_

Volunteer Release completed: \_\_\_\_\_

Volunteer Agreement completed: \_\_\_\_\_

Volunteer Policy Manual signed: \_\_\_\_\_

\_\_\_\_\_  
District Representative      Date

\_\_\_\_\_  
Print District Representative's Name

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