

Volunteer Background Check Release and Volunteer Waiver Form

Volunteer Background Check Release

In order to provide a safe and healthy environment for children, please understand we will review relevant public documents regarding criminal activity of any person who is in contact with children. The City of Antigo Police Department will conduct background checks. If you have any crimes against children you will not be considered as a coach or volunteer; in addition, the City of Antigo reserves the right to deny a coaching position at any time for any reason.

Program, Sport or Activity: _____ Team Name: _____

Name (Print): _____
(Last) (First) (Middle Initial) –Required

Address (street, city, state, zip): _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Date of Birth: _____ - Sex: _____

I authorize the City of Antigo, Park, Recreation & Cemetery Department, to process my application for serving as a volunteer by reviewing my background. The Department reserves the right to conduct a background check, through the Wisconsin Crime Information Bureau. I hereby release the Park, Cemetery and Recreation Department, its employees, representatives and such individuals or organizations from all liability for any damage whatsoever incurred in obtaining or furnishing such information.

By signing your name and dating this authorization, you are hereby confirming the accuracy of the information provided above and granting the Department permission to do a background check, as the Department deems necessary.

Signature: _____ Date: _____

Volunteer Waiver

It is my desire to perform volunteer services for the benefit of the City of Antigo. I understand that the City is allowing me to perform these volunteer services subject to my complete understanding that the City of Antigo will not provide me with any type of insurance or other loss coverage.

Based upon the above, I agree to indemnify, defend and hold harmless and release the City of Antigo and its elected and appointed officials, officers, employees and authorized representatives from and against any and all liability, loss, damage, expenses, costs (including attorney's fees) arising out of or in any way attributed to the

activities performed at _____ (site)

on _____ (program date (s), MMDDYY-MMDDYY.

By Signing this agreement, I acknowledge that I have read it in its entirety, have given the terms due consideration, understand the terms and understand that I am freely and voluntarily giving up certain rights. I further intend that this agreement shall be binding upon all of my successors, heirs, assigns, receivers and the like.

Today's Date: _____

Signature of Volunteer or Parent/Guardian, if minor: _____