



AP 7-612 – OFF-SITE ACTIVITY(IES) CONSENT OF VOLUNTEER

PROGRAM/ACTIVITY INFORMATION	
NAME	_____
OR	_____
ADDRESS	_____
PHONE	_____
BOARD EXPECTATIONS FOR VOLUNTEERS	
1. I understand that the purpose of the program/activity is to _____	_____
2. I understand that the program/activity is to be conducted on _____	_____
3. I understand that the program/activity is to be conducted on _____	_____
4. I understand that the program/activity is to be conducted on _____	_____
5. I understand that the program/activity is to be conducted on _____	_____
6. I understand that the program/activity is to be conducted on _____	_____
POTENTIAL KNOWN RISKS	

CONSENT AND ACKNOWLEDGEMENT OF RISKS AND HAZARDS	
I have read and understand the risks and hazards of the program/activity, including information beyond that provided to me by the school or board.	
4.	I freely and voluntarily assume the risks/hazards inherent in the program/activity and understand and acknowledge that I may suffer personal and potentially serious injury due to an unforeseeable event associated with my volunteering.
5.	I agree to abide by the rules and regulations including directions and instructions from the school's/service provider's administrators and staff while volunteering in the program or activities.
6.	I acknowledge that it is my duty to advise the board of any medical/health concerns that may affect my participation.

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