



Office of the Director of Curriculum, Instruction and Assessment  
**HANOVER PARK REGIONAL HIGH SCHOOL DISTRICT**  
Serving East Hanover Township, Florham Park Borough and Hanover Township



Carol Grossi  
Superintendent of Schools  
Maria Carrell  
Director of Curriculum, Instruction and Assessment

75 Mt. Pleasant Avenue  
East Hanover, New Jersey 07936  
Office - (973) 887-0320  
Fax - (973) 887-9247

Tier 1 (little or no student contact)

Dear Volunteer:

Thank you for applying for a volunteer position within the Hanover Park Regional High School District. In order to be approved for a volunteer position, necessary paperwork is to be completed by all Hanover Park Regional High School District volunteers as required by the State and the district's Board of Education.

Please read all information below and complete the required paperwork:

1. Complete the attached Volunteer Application.
2. Complete the attached "In Case of Emergency" form.
3. Complete and sign the attached Waiver and User Agreement.
4. Please bring the following to the Board of Education offices:
  - a. Volunteer Application.
  - b. "In Case of Emergency" form.
  - c. Waiver and User Agreement.

Your appointment as a district volunteer will require recommended approval by the Board of Education.

For processing of paperwork, please contact Kim Zito at the Board Office 973-887-0320 ext.3.



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75 Mt. Pleasant Avenue East Hanover, NJ 07936

(973) 887-0320 (973) 887-9247 (fax)

## Volunteer Application

Date: \_\_\_\_\_

### Personal Data

Name: \_\_\_\_\_  
Last First Middle Initial

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Other Phone: \_\_\_\_\_

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

Volunteer Position: \_\_\_\_\_

Under the direction of: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

Please return to:

Office of the Superintendent  
Hanover Park Regional High School District  
75 Mount Pleasant Avenue  
East Hanover, New Jersey 07936

# Hanover Park Regional High School District

## Volunteer Emergency Form

(Please type and/or print clearly)

**VOLUNTEERS:** Emergencies such as sudden illness, injuries, etc., are bound to arise. It is important, therefore, that certain information be available. Please complete this form and return with your volunteer paperwork.

Name of Volunteer: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

### PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

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

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

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

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### ALTERNATE CONTACT

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

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

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

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### PHYSICIAN TO BE CALLED IN CASE OF EMERGENCY: OPTIONAL

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

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

Telephone: \_\_\_\_\_

IF ANY CHANGES SHOULD BE MADE IN THE ABOVE INFORMATION, PLEASE NOTIFY THE BOARD OFFICE OR YOUR BUILDING SECRETARY.

**Waiver and User Agreement: Hanover Park Regional High School Board of Education**

The Hanover Park Regional High School Board of Education could not administer the extracurricular and in-school programs it has without the generous support of volunteers like you who give your time our schools. Please take the time to review this waiver and release form the Board requires in connection with the Program you are volunteering to assist. We thank you for your generosity and time.

I fully understand and acknowledge that recreational and fitness activities have (a) inherent risks, dangers, and hazards and such exists in my use of any equipment and my participation in these activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that, could cause serious disability; (c) these risks and dangers may be caused by the negligence of the representatives, employees, or volunteers of Hanover Park Regional High School Board of Education, the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes; (d) by my participation in these activities, **I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives, employees, or volunteers of Hanover Park Regional High School Board of Education, or by any other person.**

In agreeing to volunteer, I acknowledge that certain injuries are possible. These include but are not limited to: Minor or major bone fracture, scrapes, abrasions, lacerations, head or body bumps, bruises, muscle, tendon, or ligament strains or sprains. These might be caused by: Slips, falls, and other gravity-related mishaps, overstraining, or exceeding physical limitations, human error, disregard for guidelines, rules, and standard practice, ignorance or inattention, and environmental hazard (splinters, chalk dust, etc.).

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Hanover Park Regional High School Board of Education and its representatives, employees, and volunteers from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in these activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the representatives, employees, and volunteers of Hanover Park Regional High School Board of Education.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE THE HANOVER PARK REGIONAL HIGH SCHOOL BOARD OF EDUCATION FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Volunteer's Name (print) \_\_\_\_\_ Date of birth \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

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

Witness (school representative) \_\_\_\_\_