



Volunteer Release Form

To: Name of Director _____

Re: Volunteer Service

Date(s): _____

Please be advised that I would like to participate as a volunteer to provide support and assistance to Literacy to Succeed and Beyond to organization's staff and students.

I assume full responsibility for my actions and authorize school personnel to act on my behalf in the event of an emergency.

I represent that I have never been convicted of a criminal offense (excluding minor traffic violation) and consent to the Board Members conduction a criminal background check that may include the use of my fingerprints.

I hereby release Literacy to Succeed and Beyond, its' officers, its' Board Members, Employees, agents and volunteers from any liability or claims arising out of or in any way connected with my volunteer activities.

Volunteer _____

Address _____

Day Telephone _____

Evening Telephone _____

Cell Telephone _____

Volunteer's Signature

Please indicate below any medical needs which the program personnel should be aware of:

Note to program personnel and volunteer: Please add any additional information (departure time, transportation method, lunch, ... etc)



Certification of Freedom From Tuberculosis

This to certify that _____ of
_____ is free of tuberculosis base on one of the following:

(Address of Facility)

Tuberculin Test given on

_____ at _____

(Date)

(Name of Facility)

_____ **Film Number** _____

(Address of Facility)

___ **Negative**

___ **Positive**

Signature of Radiologist

Please Print:

(Physician's Name)

(Physician's Address)

(Physician's Signature)

DATE _____

Return this form to Literacy to Succeed and Beyond by hand, email and/or by Post Office Mail.