

Recurrent Volunteer Waiver

I, _____, have requested to provide voluntary service at KIPP New Jersey/TEAM Schools/KIPP Cooper Norcross. I understand that I will not be compensated in any manner and will not be eligible for any employee benefits, including workers' compensation coverage. I declare that I shall hold KIPP New Jersey/TEAM Schools/KIPP Cooper Norcross and all its employees harmless from any and all civil liability claims should I be injured while at KIPP Cooper Norcross or while providing volunteer service to KIPP New Jersey/TEAM Schools/KIPP Cooper Norcross. I understand that if I will be working with minors that I am required to authorize a background screening prior to providing voluntary service.

Volunteer signature: _____ Date: _____