
Essex County Vocational-Technical Schools
Field Trip
Volunteer Waiver Form

School: _____

Trip/Activity: _____ **Date:** _____

Volunteer Name (First & Last): _____ **Phone#:** _____

A volunteer is not considered to be an employee of the Essex County Vocational/Technical Schools. Therefore, as a volunteer chaperone, you are not entitled to receive any compensation from the district, including but not limited to, health care, workers' compensation benefits, vacation, sick time, or any other benefit of employment, direct or indirect.

In the event of an injury requiring medical care, you or your personal health insurance will be responsible for payment of all medical care. Additionally, you will not be reimbursed for any damage or loss to personal property.

I agree to serve as a volunteer chaperone for the activity/trip listed above. I understand that possible risks may be involved, and assume all medical responsibilities for injuries sustained and/or liabilities for all loss or damage to personal property incurred during trip/activity.

Volunteer Signature: _____

Date: _____