



believe in **better**

# Volunteer Participation Request & Background Check Form

*Prospective volunteers will receive consideration without discrimination because of race, creed, color, sex, age, national origin or disability. Please fill out the information next to each ★ so your background check can be completed. If you list all of your students in each school the information will be shared with all schools so you only have to fill out one background check.*

Today's Date: \_\_\_\_\_

<b>Volunteer Personal Information</b>					
<b>Legal Name</b> (First, Middle Initial, Last): PLEASE PRINT					
★					
<b>Address</b> (City, State, Zip Code):					
★					
★ Home Phone:	Work Phone:	Cell Phone:			
★		★			
<b>Volunteer Date of Birth:</b>	<b>Race</b> (Please circle) ★			<b>Gender:</b> ★	
★	<input type="radio"/> American Indian/Alaskan <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Black <input type="radio"/> Multi-Racial <input type="radio"/> White <input type="radio"/> Unknown			Male _____ Female _____	
★ Student Name:	Relationship to Student:	School:	Grade:	Teacher:	
★ Student Name:	Relationship to Student:	School:	Grade:	Teacher:	
★ Student Name:	Relationship to Student:	School:	Grade:	Teacher:	
Student Name:	Relationship to Student:	School:	Grade:	Teacher:	
★					
<b>Activities you plan to volunteer for:</b>					
Please check ALL the activities you are expecting to volunteer for:					
<input type="checkbox"/> Field Trips <input type="checkbox"/> Field Days <input type="checkbox"/> Century Club <input type="checkbox"/> Classroom Volunteer <input type="checkbox"/> Event Volunteer					
<b>Emergency Contact Information:</b>					
Please list who we should contact in an emergency:					
Name of Contact:	Relationship:	Phone:	Address:		
Please list any medical information that may assist us in the event of an emergency:					
Physician's name & number:	Allergies:	Current Medications:			
<b>Criminal Background History</b>					
Have you ever been convicted of a violation of a law or ordinance other than a minor traffic violation?					
Yes     No     (circle one)					
If yes, please specify below:					
Date:	Charge:	Place:	Action Taken:		

***Please turn over and sign the back of this form!***

**Please Read Carefully and Sign**

*I certify that the information in this application (and any accompanying documents) is true. I understand that falsification of any information in this application, discovered at any time before, during or after I begin my position is cause for disqualification for volunteer activities.*

*I hereby authorize the Batesville Community School Corporation to verify, obtain copies of records and gather any information pertaining to my submitting a volunteer application with the Batesville Community School Corporation. My signature on this application authorizes the BCSC to request written verification as needed. I understand that all volunteers must undergo a limited criminal background check through the Indiana State Police. I hereby authorize the procurement of this report. I release from liability any person giving or receiving such information now or in the future. I hereby release the BCSC and any of their agents from any and all liabilities arising out of any errors or omissions regarding my background information.*

*The receipt of this application does not imply that I will be offered a position as a volunteer. If accepted as a volunteer, I agree to comply with established rules, policies and procedures. This includes, but is not limited to, those which relate to confidentiality, employment and universal precautions.*

*I understand that my volunteer position with BCSC is at the discretion of BCSC administration; my volunteer position can be discontinued at any time at the discretion of BCSC administration or myself.*

★ Volunteer Signature:

★ Date:

As a Batesville Community School Corporation volunteer, I agree that: I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning students, teachers, and staff; and not seek to obtain confidential information from a student. Unauthorized possession, use, copying or reading of school records; or the disclosure of information contained in such records to non-school personnel or unauthorized persons is not allowed. I have read the above policy and agree to be bound by it and understand that failure to comply with school policies, rules and regulations will result in termination from the volunteer program.

★ Volunteer Signature:

★ Date:

*Please return to your school office.*

*Background checks are conducted at the beginning of each school year.*

**INTERNAL USE ONLY**

Criminal History Completed: YES  NO

Approved to Volunteer: YES  NO

Principal's Signature:

Date: