

Application Date _____

Charles A. Beard Memorial School Corporation

Volunteer Participation Request Form and Background Check

NAME:

(Print) Last First Middle

ANY OTHER NAMES I HAVE BEEN KNOWN BY:

(Print) Last First Middle

ADDRESS: _____ CITY: _____ ZIP CODE: _____

DATE OF BIRTH: _____ BUILDING(S) IN WHICH YOU ARE VOLUNTEERING: _____

Read carefully before signing:

*I certify that the information contained in this application as submitted is true, complete, and accurate to the best of my knowledge. I understand that falsification of information will be cause for disqualification. I also understand that I will be required to undergo a Limited Criminal History Check through the Indiana State Police repository and the National Sex Offenders Registry as a condition for consideration for volunteer service. The status of the Limited Criminal History Check and/or the National Sex Offenders Registry could affect the school's approval of the request to volunteer. A misdemeanor conviction, felony conviction, a history of violent offenses or sexual oriented crimes could prohibit any volunteer participation. **Please note:** If the Limited Criminal History Check shows a felony arrest or conviction, and the status of this arrest or conviction is inaccurate or has changed, it will be the responsibility of the applicant to provide court documentation indicating the status change in the arrest or conviction.*

Applicant signature: _____ Date: _____

VOLUNTEER CONSENT AND RELEASE STATEMENT

If accepted as a volunteer, I hereby consent, understand, and agree to abide by the policies, rules and regulations of Charles A Beard Memorial School Corporation, and to comply with and abide by such other rules, regulations, and directions of the Principal, Administrator, or other responsible CAB employee.

Applicant Signature: _____ Date: _____