

**Loogootee Community School Corporation**  
**Criminal History Background Check**  
 201 Brooks Avenue  
 Loogootee, Indiana 47553

**CONFIDENTIAL INFORMATION**

The following individual has submitted a request to volunteer or for a paid position consideration within the school district: (Please print and answer all questions.)

<b>Last Name</b>	<b>First Name</b>	<b>Middle (Full)</b>
<b>Maiden, Alias or Former</b> (provide names and dates changed)		
<b>Date of Birth</b>	<b>Race</b>	
<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male		

<b>Street Address</b>	<b>City</b>	<b>State</b>
<b>County</b>		

Events in which I have interest in being involved with or volunteering for:

I authorize Loogootee Community School Corporation to investigate my criminal background as it pertains to any volunteer or paid position considerations. I release all persons, companies, or corporations furnishing information as part of this background investigation from liability or responsibility. I certify that all information provided is true and complete to the best of my knowledge. I understand that omitting or falsifying information will result in rejection of volunteer opportunities or employment at school events. This criminal history background check will be valid for the current school year only. A new request will need to be completed each year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**THIS FORM MUST BE SIGNED IN THE PRESENCE OF LCSC SCHOOL PERSONNEL. ALL INFORMATION PROVIDED ON THIS FORM WILL CONFIDENTIAL.**