

WASHINGTON COMMUNITY SCHOOL CORPORATION VOLUNTEER FORM

For Office Use Only: Initial each line as completed Person accepting application:

Originating building:

Person completing background checks:

Any false or misleading information you provide shall be grounds to refuse to allow you to volunteer, or if you have been volunteering, shall be cause to terminate your role as a volunteer.

Place indicate the school(s) where you would like to volunteer:

School Name _____/Student's Name _____

Name _____

(Last)

(First)

(Middle Initial)

(Maiden)

Address _____

(Street)

(City)

(State)

(Zip Code)

Home Telephone Number _____

Cell Telephone Number (optional) _____

Work Telephone Number (optional) _____

As part of the protection of Washington Community School's students, your cooperation in answering the following questions will be appreciated:

1. Have you been discharged, resigned while you were under investigation for misconduct, or been asked to resign from another employment or volunteer position?

No _____ Yes _____ If yes, please explain the circumstances, including the date and nature of the investigation; the date of your separation from employment; and a description of the incidents or events underlying the discharge or resignation.

2. Have you ever been convicted of a crime related to any of the following: sexual conduct with another person; sexual abuse; sexual misconduct; child abuse; theft of or taking property; mishandling funds; fraud; forgery; the use, sale or possession of controlled substances or alcohol; or intoxication?

No _____ Yes _____ If yes, please explain

Your signature below constitutes an understanding for the reason of volunteering for Washington Community School Corporation:

1. You authorize the School Corporation to check your criminal history record under IC 5-2-5-5 and the sex offender record.
2. You authorize the School Corporation to check your employment history, including, but not limited to, contacting references and obtaining investigatory information possessed by any private or public employer, or any state, local or federal agency.
3. You authorize any prior private or public employer, or any state, local or federal agency contacted in connection with your volunteer form, to provide the Washington Community Schools any information on the matters covered on this form.
4. You shall agree to abide by all Board policies and administrative guidelines while on duty as a volunteer.
5. You shall be covered under the School Corporation's liability policy, but the School Corporation shall not provide any type of health insurance to cover illness or accident incurred while serving as a volunteer, nor are you eligible for Worker's Compensation.
6. Your signature below releases the School Corporation of any obligation should you become ill or receive any injury as a result of your volunteer services.
7. You agree to inform the School Corporation of any changes in your criminal history status.

First Name	Middle Initial	Last Name

Date of Birth	State of Birth	Country of Birth

Sex	Race	SSN (optional)

Signature of Applicant	Date	

A copy of your driver's license or picture I.D. will be required to process your Limited Criminal History Background Check. Thank you.