

SCHOOL CITY OF EAST CHICAGO
1401 E. 144th Street
East Chicago, IN 46312
219/391-4100
www.scec.k12.in.us



VOLUNTEER APPLICATION

You can make a difference!
Be a school volunteer!!

PLEASE PRINT CLEARLY

Office Use

Date received: _____
Received by: _____
Date notified: _____

Authorization for Release of Criminal History Information/Volunteer Release Form

Name: _____
Last First Initial

Address: _____
City State Zip Code Date of Birth: ____/____/____
month/date/year

Telephone Number: _____ Email Address: _____

Sex: Female Male What languages do you speak fluently? English Spanish Other: _____

Parent/Family: If you have children in the SCEC District you are requesting to volunteer in please provide both first and last name of your child(ren).

Student name: _____ Grade/Teacher: _____ School: _____

Community Member: (If you do not have a child in SCEC District and would like to volunteer) Please list all schools where you plan to volunteer:

School: _____ School: _____

School: _____ School: _____

I have offered my services as a volunteer to help the School City of East Chicago (SCEC) in the following areas _____

I agree to abide by all relevant School Board policies and administrative guidelines while on duty for the Corporation. I understand that, although I am covered under the Corporation's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the Corporation, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the Corporation or entitled to any benefits provided to employees. I further release the Board from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

I understand that I am required to report to the Superintendent within two (2) business days any arrest, the filing of criminal charges against me, and any conviction for a crime that occurs while I am serving as a volunteer.

I understand that I am required to report to the Superintendent within two (2) business days any substantiated report of child abuse or neglect of which I am the subject that occurs while I am serving as a volunteer and that a substantiated report of child abuse against me will result in the immediate termination of my privilege to serve as a volunteer.

As a School City of East Chicago (SCEC) Volunteer I understand that I am offering my services to the School District without compensation. I hereby release the District of liability and indemnify the District against any loss or damages ensuing while I am on school premises or on school business. I agree to abide by the program guidelines and understand a background check will be conducted by the district. All information obtained through such a check will be considered confidential and used strictly in determining eligibility for the SCEC Volunteer Program. **If I am eligible to serve as a volunteer, I agree that as a requirement I will go through the required volunteer orientation and serve the required three (3) hours before I am able to chaperone on a field trip.** I further understand that if the results of my criminal history check are unacceptable to the District, I will not be eligible to serve as a volunteer.

Signature of Volunteer: _____ Date: _____