Dear Volunteer: MSD of Boone Township Policy 8120 requires that individuals have a limited criminal background check to be a volunteer in the school buildings. P.L. 121-2009, which was passed by the Indiana State Legislature, requires the possibility of an expanded criminal background check if needed. Please read and complete this form and return it to your school's principal at your earliest convenience. Thank you for your assistance as we continue to promote a safe environment for our students and staff.

Thank you - Dr. Nathan Kleefisch, Superintendent of Schools

MSD of Boone Township
307 S. Main St.
Hebron, IN 46341
219-996-4771

REQUEST FOR BACKGROUND INFORMATION FOR VOLUNTEERS

AUTHORIZATION AND RELEASE

I have offered my services as a volunteer to help the School Corporation 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 authorize the MSD of Boone Township to conduct a Limited Criminal History search as it pertains to my request to volunteer in the schools of MSD of Boone Township.

A copy of a valid driver's license or state of Indiana ID is required. If your driver's license or ID is not issued by the state of Indiana, you will need to have an Expanded Background Check conducted through Safe Hiring Solutions at your own expense. The Superintendent's office has more information on this.

I have read this authorization and release of all claims, and I expressly agree to the terms set out herein.

_____   _____
Signature   Date

_____   _____
Name (print)   Birthdate

_____   _____
Race   Sex

The above information is required by the Indiana State Police to process a request for a Limited Criminal History report.