

**Monroe-Gregg School District
Criminal History Background Check
135 South Chestnut Street
Monrovia, IN 46157**

CONFIDENTIAL INFORMATION

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

| | | |
|--|-------------------|---|
| Last Name | First Name | Middle (Full) |
| Maiden, Alias or Former (provide names and dates changed) | | |
| Date of Birth | | Race |
| Gender <input type="radio"/> Female <input type="radio"/> Male | | Phone Number |
| In what country were you born? <input type="radio"/> United States <input type="radio"/> Other | | If you checked other, please state what country. |
| If you checked US, please indicate state: | | |

Current Address:

| | | |
|-----------------------|-------------|--------------|
| Street Address | City | State |
| County | Zip | |

Student Information:

| |
|--|
| Name of the student(s) you will be involved with: |
| Events in which you have interest in: <input type="radio"/> Field Trips <input type="radio"/> Class parties <input type="radio"/> In class volunteer <input type="radio"/> Other |

I authorize Monroe-Gregg School District 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

ALL INFORMATION PROVIDED ON THIS FORM WILL BE CONFIDENTIAL