

NORTH ADAMS COMMUNITY SCHOOLS

OFFICE USE ONLY	
Trainings Complete	
SS Updated	

GOOD AT LEARNING.



GOOD AT LIFE.

2026-27 NORTH ADAMS COMMUNITY SCHOOLS BUILDING VOLUNTEER APPLICATION & BACKGROUND AUTHORIZATION

NOTICE TO PARENT/GUARDIAN VOLUNTEERS REGARDING BACKGROUND INVESTIGATION

To volunteer at any of the North Adams Schools or accompany your child on a field trip, you are required to complete this volunteer application and consent to a criminal history check. By signing, you are authorizing North Adams Community Schools to perform a criminal history check. You will need to fill out the information listed below. Please make sure your information is printed legibly. Volunteers must provide their Full Legal Name (current) and all previous legal names, Date of Birth, Social Security Number, Email address and Signature or we will **not** be able to process your request.

Please complete ONE Volunteer Application per year for the district and allow 14 days processing time. (Current North Adams employees do NOT need to complete this form.) If you have more than one child in NACS, please list all children on the same form. DO NOT COMPLETE MULTIPLE FORMS. Once you are approved as a volunteer, you will be added to the building volunteer list for the current school year. With teacher/principal permission, you may go on field trips or volunteer in the classroom throughout the current school year.

A new Volunteer Application and Criminal History Check must be completed every school year. Should you have any questions regarding this form, please contact Janet Werling at North Adams Community Schools Administration Office at (260) 724-7146.

PLEASE COMPLETE BOTH SIDES OF THIS FORM.

	Student(s) Full NAME	School (Mark One)	Grade	Teacher
Student #1		☒ BES ☐ BMS ☐ BHS		
Student #2		☐ BES ☐ BMS ☐ BHS		
Student #3		☐ BES ☐ BMS ☐ BHS		

EVENT/FIELD TRIP you want to attend: _____ DATE of Event/Field Trip: _____

Are you requesting to be a Classroom Volunteer on a regular basis throughout the school year? ☐ YES ☐ NO

VOLUNTEER NAME: _____
Provide Full Legal Name Last Name First Name Middle Initial

MARRIED NAME #1: _____ Last Name MARRIED NAME #2: _____ Last Name

MAIDEN NAME: _____ Last Name OTHER NAME : _____ Last Name

VOLUNTEER ADDRESS: _____
Number and Street Name City State Zip

VOLUNTEER PHONE: (_____) _____ DATE OF BIRTH: ____/____/____

VOLUNTEER BIRTH PLACE: City: _____ Birth State: _____ Birth Country: _____

SOCIAL SECURITY NUMBER: ____-____-____ RELATONSHIP TO STUDENT(S) LISTED ABOVE: _____

EMAIL ADDRESS: _____

To be approved as a volunteer, you are required to complete two short trainings: Bloodborne Pathogens & Bullying Prevention. Please note: Your volunteer application will NOT be processed until the trainings are completed. . If you have NOT completed the training, use the QR code to complete the volunteer training.



Criminal History Check Required Information:

GENDER	
Male	☐
Female	☐
(Check One)	

RACE (REQUIRED - Check One)	
☐ White	☐ Black or African American
☐ Multi Race	☐ American Indian or Alaskan
☐ Asian or Pacific Islander	☐ Unknown

SUPPLEMENTAL QUESTIONNAIRE

☐ Yes ☐ No

Has applicant ever been convicted of a crime, or are any criminal charges pending against applicant, other than speeding or minor traffic infractions?

If yes, please describe the crime and/or pending charge, any punishment, the status of pending matters and any extenuating circumstances (attach an extra page, if necessary)

☐ Yes ☐ No

1. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer?

☐ Yes ☐ No

2. Have you ever been reprimanded, disciplined, discharged or asked to resign from a prior position?

☐ Yes ☐ No

3. Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of sexual conduct with another person, mishandling of funds, or criminal conduct?

☐ Yes ☐ No

4. Have you ever been charged with, pleaded guilty or "no contest" to, or been convicted of physical abuse of another person?

☐ Yes ☐ No

5. Have you ever been charged with, pleaded guilty or "no contest" to, or been convicted of any crime involving sexual abuse of any person or any other crime of moral turpitude?

☐ Yes ☐ No

6. Have you ever been convicted of a misdemeanor and/or felony, or ever entered a plea of guilty or a plea of "no contest" or has any court ever deferred further proceedings without entering a finding of guilty or placed you on probation for any crime?

CRIMINAL HISTORY AFFIDAVIT

I affirm under the penalties for perjury that I have never been convicted of any of the following offenses involving children:

- | | |
|--|--|
| 1. Rape (as defined in IC 35-42-4-1) | 6. Child solicitation (as defined in IC 35-42-4-6) |
| 2. Criminal deviate conduct (as defined in IC 35-42-4-2) | 7. Incest (as defined in IC 35-46-1-3) |
| 3. Child molesting (as defined in IC 35-42-4-5) | 8. Child selling (as defined in IC 35-46-1-4) |
| 4. Child exploitation (as defined in IC 35-42-4-6) | 9. Child seduction (as defined in IC 35-42-4-7) |
| 5. Vicarious sexual gratification (as defined in IC 35-42-4-5) | 10. Sexual batterers (as defined in IC 35-42-4-8) |

If you have answered yes to any one of the previous questions, please explain, including the date of the incident, charge, any court actions taken, the offense in question, and the address of any court involved.

Are there any matters the applicant believes North Adams Community Schools should consider in evaluating the potential volunteer approval status of applicant? If so, please list same below (attach an extra page, if necessary)

I understand that any false or misleading information on this application shall be sufficient grounds for refusal of volunteer status.

Signature: _____

Date: ____/____/____

Please hand deliver or mail your completed form to:
North Adams Community Schools Administration Office
625 Stadium Drive
Decatur, IN 46733