



VOLUNTEER Information Form

rev 11.2020

INSTRUCTIONS: DOWNLOAD to complete ONLINE

SUBMIT to PRINCIPAL'S OFFICE or ATHLETIC DEPT

**Athletic Coaching Volunteers are required to complete an Expanded Criminal History*

CHOOSE: Classroom/Field Trip School/club Athletics* Other

SPECIFIC School and/or Building

NAME of Teacher / Coach / Supervisor in charge

SPECIFIC club / position and/or activity you are participating in:

Personal Data

Last Name First Name MI Maiden name

Phone #

Street Address City State/Zip

Email

State and Country of Birth

Birth Date

GENDER M F RACE Black White Multi-racial Asian or Pacific Islander American Indian or Alaskan Unknown

The following information may be needed when the above information is not sufficient to process your request.

SS# Other Married Name(s) Other Name(s)

Background Info

Activities within our school corporation involve contact with our student population. All volunteers are expected to provide us with the following information. Any misrepresentation or omission of fact may be grounds for disqualification from further consideration regardless of when the misrepresentation or omission is discovered.

Have you ever been arrested for or convicted of a crime that has not been expunged by a court? Yes

Answering Yes to this question does not necessarily disqualify you. No

If Yes, please explain:

VOLUNTEER ECA COACHING APPLICANTS ONLY: Are you accredited by the IHSAA? (if yes, answer the next question) Y N Has your accreditation ever been suspended or revoked? Y N

Authorization/Release

I authorize the school corporation to seek the release of investigatory information, including, but not limited to, a limited criminal history from a public/private agency. I authorize the public/private agency to provide the school corporation any information they may release concerning the matters described herein, and I will cooperate to the extent necessary to obtain the release of this information.

I expressly waive in connection with any request for, or provision of such information, any claims or causes of action, including without limitation, defamation, infliction of emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the school corporation, its officials, employees, trustees or agents, or against any provider of such information.

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

VOLUNTEER TYPED/PRINTED Name

VOLUNTEER Signature

Date

Principal or AD Sign/Date to authorize Criminal History Check