



BG	_____
SP	_____
SACS	_____
Date	_____
Initials	_____

## NOTICE TO PARENT VOLUNTEERS REGARDING BACKGROUND INVESTIGATION

This is the Southwest Allen County Schools Background Check Information and Authorization Form. If you wish to volunteer at any of the Southwest Allen County Schools or accompany your child on a field trip, you will need to complete this form. By signing, you are authorizing Southwest Allen County Schools to perform a criminal history check. You will need to fill out the information listed below. Please make sure that your information is printed legibly. Make sure you provide your full name, date of birth, and signature or we will **not** be able to allow you to volunteer.

**You only need to complete one form for the district.** If you have more than one child in SACS, please list all children on the same form. **DO NOT COMPLETE MULTIPLE FORMS!** Once you are authorized as a volunteer, you may go on field trips or volunteer in the classroom throughout the current school year with teacher/principal permission. You will need to have a new criminal history check completed **every three years**. In addition, adults who have lived in Indiana less than one year must pay for an out-of-state Safe Hire background check at the Central Office and pass a check of the sex offender registry. Should you have any questions regarding this form, please contact Rebecca Bell at the Southwest Allen County Schools' Administration Building at (260) 431-2051.

### Please Complete Both Sides of this Form

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Student's Name: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher: \_\_\_\_\_

Reasons for visitation/volunteering: \_\_\_\_\_

### **PLEASE PRINT**

Volunteer Name: \_\_\_\_\_  
Last First Middle Initial

Please list any other names you have been known by: \_\_\_\_\_

Volunteer Current Address: \_\_\_\_\_  
Number and Street Name Apt.#

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous Addresses (Last 10 years): \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Birth State: \_\_\_\_\_

Volunteer Date of Birth: (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ (for ID purposes only/required)

Email Address: \_\_\_\_\_

Gender:  Male  Female

**Ethnicity and Race:** Please check the description(s) corresponding to the ethnic or race group with which you identify:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Hispanic/Latino                  | <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> White                     |

**\*\* PLEASE CONTINUE ON THE BACKSIDE OF THIS FORM \*\***

## VOLUNTEER – REQUEST FOR BACKGROUND INFORMATION

Volunteering with Southwest Allen County Schools involves contact with our student population. The following questions are designed to help Southwest Allen County Schools evaluate your suitability to work with these students. Having been convicted of a crime or answering “yes” to any of the following questions will not automatically bar you from consideration. However, the school corporation’s administrators will consider the nature of any conviction or alleged conduct resulting in a “yes” response; the date of the alleged conduct, your intervening conduct, and the relationship between the offense or alleged conduct and volunteering.

***If you answer yes to any of the following questions, please explain the circumstances on a separate sheet and attach it to this form.***

1. Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer or have you offered a resignation to your previous 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 your alleged sexual contact with another person, alleged mishandling of funds or alleged criminal conduct?

Yes \_\_\_\_\_ No \_\_\_\_\_

4. Have you ever pleaded guilty or “no contest” (*nolo contendere*) to, or been convicted of any crime of moral turpitude? (Moral turpitude is an act of baseness, vileness, or depravity in the private and social duties which a person owes another member of society or society in general and which is contrary to the accepted rule of right and duty between persons, including, but not limited to, theft, attempted theft, murder, rape, swindling and indecency with a minor).

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Have you (a) ever been convicted of a crime, other than a minor traffic offense; (b) ever entered a plea of guilty or a plea of “no contest” (*nolo contendere*), or (c) has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation, for any crime other than a minor traffic offense?

Yes \_\_\_\_\_ No \_\_\_\_\_

### AUTHORIZATION AND RELEASE

I authorize Southwest Allen County Schools to check my volunteer service history and work history and to perform a criminal history background investigation. I further authorize those persons, agencies, or entities that Southwest Allen County Schools contacts in connection with my application to volunteer to fully provide Southwest Allen County Schools any information on the matters set forth above. 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 Southwest Allen County Schools, its officials, employees, 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.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Printed Name of Volunteer