

2022/2023

VOLUNTEER – AVILLA SCHOOL

Please attach a copy of driver's license
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Date: _____ Student's Name _____

Name of Volunteer: _____

Teacher _____ Grade _____

To more adequately safeguard students and staff members, the East Noble School Board requires a Limited Criminal Background check on every person that volunteers in our school buildings. We are currently able to access Limited Criminal History reports via the internet.

- Please complete this ***Indiana State Police/Criminal History Information - Form 8053***, including the requested personal information at the top of the page. Note that the Reason for Request has been marked for you as required by the state.
- Answer all question and sign the ***Authorization to Release Information*** Form
- A copy of your driver's license/state ID is **required**.
- Return this form to your child's teacher or school office.

INCOMPLETE APPLICATIONS WILL BE RETURNED

- (E) Possession of child pornography (IC 35-42-4-4(c)).
- (F) Vicarious sexual gratification (IC 35-42-4-5).
- (G) Child solicitation (IC 35-42-4-6).
- (H) Child seduction (IC 35-42-4-7).
- (I) Sexual misconduct with a minor as a *Class A or Class B* felony (IC 35-42-4-9).
- (J) Incest (IC 35-46-1-3), if the victim is less than eighteen (18) years of age.
- (K) Attempt under IC 35-41-5-1 to commit an offense listed in clauses (A) through (J).
- (L) Conspiracy under IC 35-41-5-2 to commit an offense listed in clauses (A) through (J).
- (M) An offense in any other jurisdiction in which the elements of the offense for which the conviction was entered are substantially similar to the elements of an offense described under clauses (A) through (J).

A Subject

- (16) ☐ is identified as a possible perpetrator of child abuse or neglect in an assessment conducted by the department of child services under IC 31-33-8; or
- (17) ☐ is:
- (A) a parent, guardian or custodian of a child; or
 - (B) an individual who is at least eighteen (18) years of age and resides in the home of the parent, guardian or custodian; with whom the department of child services or a county probation department has a case plan, dispositional decree, or permanency plan approved under IC 31-34 or IC 31-37 that provides for reunification following an out-of-home placement.

REASON FOR NO FEE REQUEST

Before checking any box below read the defined Indiana Code IC 10-13-3-36

- A. ☐ Has been in existence for ten (10) years and has a primary purpose of providing an individual relationship for a child with an adult volunteer, if the request is made as part of a background investigation of a prospective adult volunteer for the organizations; (i.e. Big Brothers & Big Sisters)
 - B. ☐ Home Health Agency (Copy of license must accompany this request).
 - C. ☐ Community mental retardation and other developmental disabilities centers, for purposes of IC 12-29. (Copy of CARF Certificate must be submitted with this request).
 - D. ☐ Is a supervised group living facility licensed under IC 12-28-5.
 - E. ☐ An area agency on aging designated under IC 12-10-1.
 - F. ☐ Community action agency (as defined in IC 12-14-23-2).
 - G. ☐ Owner operator of a hospice program licensed under IC 16-25-3.
 - H. ☐ Community mental health center (as defined in IC-7-2-38).
 - I. ☐ Department of Child Services (as defined in IC 1-13-3-27-5).
 - J. ☒ Is a School Corporation, Special Education Cooperative, or Nonpublic School (as defined in IC 20-18-2-12).
 - K. ☐ (1) The church or religious society is a religious organization exempt from federal income taxation under Section 501 of the Internal Revenue Code;
- (2) The request is made as part of a background investigation of a prospective or current adult volunteer; and
- (3) The employee or volunteer works in a nonprofit program or ministry of the church or religious society, including a child care ministry registered under IC 12-17.2-6.

WARNING PENALTY FOR MISUSE

A non-criminal justice organization or individual receiving a limited criminal history may not utilize it for purposes other than those stated in the request or which deny the subject any civil right to which the subject is entitled. IC 10-13-3-27: Any person who uses limited criminal history for any purpose not specified in the request commits a Class A misdemeanor offense.

I affirm, under penalty of perjury, that the Limited Criminal History Information requested will be used as specified.

EAST NOBLE SCHOOL CORPORATION

PRINT Name of Requester

Signature of Requester

Date (month, day, year)

We accept certified checks and money orders in person only. "NO" personal checks.

All checks made payable to the STATE OF INDIANA.

Mail request to:

Indiana State Police, Criminal History Limited Check

P.O. Box 6188

Indianapolis, Indiana 46206-6188

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize the Indiana
(Please print full name)

State Police or other appropriate law enforcement agency to release to the East Noble School Corporation, Kendallville, Indiana, State Form 8053 - Request for Limited Criminal History Information - as set forth in Indiana code 5-2-5-1-(1).

As part of this information release, I will answer the following questions to the best of my knowledge:

Have you ever been arrested or convicted of any of the following crimes?

- | | |
|---|---|
| Yes <input type="checkbox"/> No <input type="checkbox"/> 1. Murder | Yes <input type="checkbox"/> No <input type="checkbox"/> 12. Arson |
| Yes <input type="checkbox"/> No <input type="checkbox"/> 2. Causing or Assisting Suicide | Yes <input type="checkbox"/> No <input type="checkbox"/> 13. Incest |
| Yes <input type="checkbox"/> No <input type="checkbox"/> 3. Voluntary Manslaughter | Yes <input type="checkbox"/> No <input type="checkbox"/> 14. Any substantiated report of child abuse or neglect |
| Yes <input type="checkbox"/> No <input type="checkbox"/> 4. Reckless Homicide | Yes <input type="checkbox"/> No <input type="checkbox"/> 15. Child Selling |
| Yes <input type="checkbox"/> No <input type="checkbox"/> 5. Theft, Forgery, or Conversion | Yes <input type="checkbox"/> No <input type="checkbox"/> 16. Contributing to the Delinquency of a Minor |
| Yes <input type="checkbox"/> No <input type="checkbox"/> 6. Battery | Yes <input type="checkbox"/> No <input type="checkbox"/> 17. An Offense Involving a Weapon |
| Yes <input type="checkbox"/> No <input type="checkbox"/> 7. Aggravated Battery | Yes <input type="checkbox"/> No <input type="checkbox"/> 18. An Offense Relating to a Controlled Substance. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> 8. Kidnapping | Yes <input type="checkbox"/> No <input type="checkbox"/> 19. An Offense Relating to Material or Performance that is Harmful to Minors. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> 9. Criminal Confinement | Yes <input type="checkbox"/> No <input type="checkbox"/> 20. An Offense Relating to Operating a Motor Vehicle while intoxicated. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> 10. Sex Offenses | Yes <input type="checkbox"/> No <input type="checkbox"/> 21. An Offence that is Substantially Equivalent to any of the Offenses Listed but which Judgment was entered under another Jurisdiction. |
| Yes <input type="checkbox"/> No <input type="checkbox"/> 11. Carjacking | |

I concur in the above statements and I understand that falsification of any information submitted on this application will be cause for dismissal from service.

Signature: _____ Date: _____

8/17/2017

