



THE METROPOLITAN SCHOOL DISTRICT OF

WARREN TOWNSHIP

Request for Criminal Background Check

LOCATION:

INSTRUCTIONS:

- Please complete all information – front **AND** back.
- A copy of your Indiana Driver’s License or State ID is **REQUIRED**.
- Please print neatly.
- Background checks are good for **TWO** years.
- Only **ONE** form is needed district wide.

I, _____, will be working
 Name: First – Middle – Last (use your legal name) (Maiden Name)

with the children of MSD Warren Township as a **volunteer**.

I understand that a criminal background check will be run prior to the start of my duties; consequently, I am providing the following information. I understand that I shall report my arrest, the filing of criminal charges against me, conviction of a crime or a substantiated report of child abuse or neglect to the Superintendent within 48 hours and that failure to do so may result in my removal as a volunteer.

Birth Date	Social Security Number	Driver’s License/State ID Number		State of Issue
Current Address		City	State	Zip Code
Gender	Race/Ethnicity (please select one)			
<input type="checkbox"/> Male	<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> Multiracial		
<input type="checkbox"/> Female	<input type="checkbox"/> Black / African American	<input type="checkbox"/> Native Hawaiian / Other Pacific Islander		
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White / Caucasian		

Signature

Date

Student’s Name	School Name

This is confidential information and will be kept in a locked room to protect this information.

Revised May 2019