

VOLUNTEER AGREEMENT BACKGROUND INFORMATION AUTHORIZATION AND RELEASE

Please check one of the optio Parent/Guardian Stu	ns below that applies to you: dent Teacher Other Please explain:		
	background check on file for any volunteering in the classroom, to include field trips. in the past with Plainfield Schools, it is not necessary to fill it out again. SCHOOL(S): TEACHER(S):		
Dear Volunteer:			
Therefore, we request that you students. All volunteers must volunteers for closer inspection from further consideration. Conviction of a crime or any a	d Community School Corporation involves contact with our student population. u complete the questions below to assist us in evaluating your suitability to work with provide us with background information; you are not being singled out from other on. Any misrepresentation or omission of facts may be grounds for disqualification ffirmative answer provided by you on this form is not an automatic ban to volunteering Corporation will consider the nature of the conviction or alleged conduct underlying an		
•	e of the alleged conduct, and your intervening conduct.		
YesNo	A. If you are now working, is your conduct as an employee or the quality of your work the focus of any investigation by your current employer?		
YesNo	B. Have you ever resigned from a job after being disciplined by your employer or after being offered the opportunity to resign rather than be terminated?		
YesNo	C. Have you ever been investigated for, charged with, plead guilty, or "no contest" to any crime involving the sexual abuse of any person or indecency with a minor?		
YesNo	D. Have you ever been charged with a crime, other than a minor traffic offense, where the court has deferred further proceedings without entering a finding of guilt and placed you on probation in public service, or an education program?		
YesNo	E. Have you ever been convicted of any crime?		
SIGNATURE	CONTACT PHONE # DATE		

(page 1 of 3)

If you answered yes to any of the above questions, explain the circumstances of each on a separate sheet and





attach it to this volunteer application.



VOLUNTEER AGREEMENT BACKGROUND INFORMATION AUTHORIZATION AND RELEASE

AUTHORIZATION AND RELEASE

I understand that if I am a volunteer for the Plainfield Community School Corporation, I must obtain a Limited Criminal History.

Therefore, I authorize local, state, and federal agencies to provide this information concerning the matters described herein for inspection by the school corporation. I understand that I must provide the school corporation with my legal name and date of birth so they may process my "Limited Criminal History" information.

I also understand that I may not volunteer with the school until a copy of the Limited Criminal History information has been obtained.

I EXPRESSLY WAIVE IN CONNECTION WITH ANY REQUEST FOR, OR PROVISION OF SUCH INFORMATION, ANY CLAIMS, CAUSES OR ACTIONS, INCLUDING WITHOUT LIMITATION, DEFAMATION, INFLECTION OF EMOTIONAL DISTRESS, INVASION OF PRIVACY, OR INTERFERENCE WITH CONTRACTUAL RELATIONS THAT I MIGHT OTHERWISE HAVE AGAINST THE SCHOOL CORPORATION, IT'S 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.

APPLICANT'S SIGNATURE		APPLICANT'S LEGAL NAME PRINTED
APPLICANT'S DATE OF BIRTH	FEMALE	MALE
OPTIONAL: AMERICAN INDIAN ASIAN BLACK HISPANIC MULTI-RACIAL WHITE		

(page 2 of 3)









VOLUNTEER AGREEMENT BACKGROUND INFORMATION AUTHORIZATION AND RELEASE

PCSC Volunteer Confidentiality Agreement

Thank you for your willingness to volunteer your talents to help our students and our school! We certainly appreciate your time and know that our schools are better because of people like you! Please take a moment to read and sign

the following confidentiality agreement to help us prote	ect all of our students.	
Again, thank you for being a PCSC school volunteer.		
I, (pri information gained while assisting in a classroom or an schools must be held in confidence. This confidence a involved, but to all other students who are part of the e may be learned as part of my work or seen as part of cl other individual at any time.	pplies not only to specific student nvironment observed. Furthermo	g in one or more of the PCSC s with whom I may be are, any student names that
As part of volunteering with PCSC, I may be privy to cert students and/or families served by PCSC. This includes information related to students' academic performance private or sensitive material. I understand the important teachers, schools, and families that PCSC services.	s, but is not limited to, any of the eor behavior, b) medical informat	following: a) educational ion, or c) other types of
I agree to abide by all school rules and visitation policie an out and wearing a name badge) so that building per		
I agree to comply with all the requests of the classroom and to perform my duties so that I do not disrupt the ed building. I understand that the classroom teacher's pri unduly disrupt that learning environment.	ducation process of the students i	n the class or the school
VOLUNTEER'S SIGNATURE	DATE	
VOLUNTEER'S <u>PRINTED</u> NAME	DATE	
SCHOOL PERSONNEL'S SIGNATURE	 DATF	

(page 3 of 3)





