

Thank you for volunteering. There is no cost to you for the processing of the required background screening. As part of the background screening, school and/or corporation office personnel must verify your identification information upon the submission of your background check request. Therefore, please return this form (in person) along with valid identification information to either your school office or the corporation office at your convenience.

**SOUTH HARRISON COMMUNITY SCHOOL CORPORATION
CONSENT TO PERFORM NON-EMPLOYMENT BACKGROUND CHECK
FOR VOLUNTEERING ACTIVITIES**

Please check the school(s) in which you want to volunteer:

CCHS ___ CCJHS ___ CIS ___ CES ___ HWES ___ NMES ___ SCES ___ SCHS ___

Last Name	First Name	Middle Name or Initial
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Maiden or other name(s) used in any and all other records of birth or records of residence.

* Address	Apartment or #
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City	County	State	Zip
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** Date of Birth	Social Security Number	**Gender	**Race
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****TO BE USED FOR NON-EMPLOYMENT BACKGROUND CHECK PURPOSES ONLY**

In connection with my application and desire to engage in volunteer activities, I have been advised and I hereby consent and authorize South Harrison Community School Corp. and its agent, at any time during or subsequent to my application process, to conduct a background check that may include a criminal record check and such additional verifications and reference checks as deemed necessary. I do hereby consent to South Harrison's use of any information provided on this form or during the application process in performing the non-employment related background check. I agree to release, indemnify and hold harmless South Harrison Community School Corp. and any agency used by South Harrison Community School Corp. with regard to any information provided by the agency. I have been informed that I will have a reasonable opportunity to clear up any mistaken information provided by the agency within a reasonable time frame established within the sole discretion of South Harrison Community School Corp. I acknowledge that facsimile, copy or electronic version of this form shall be as valid as the original.

The following are my responses to questions about my criminal history (if any).

1. ___ YES ___ NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (exclude minor traffic misdemeanors).
If yes, please provide details below.

State:	County:	Date of Offense: / /
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Details of conviction:

2. ___ YES ___ NO Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense?
If yes, please provide details below.

State:	County:	Date of Offense:
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Details of offense:

3. ___YES ___NO Have you ever-received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of supervision: _____

4. ___YES ___NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: _____ City: _____ Date of Offense: _____

Details of conviction: _____

5. ___YES ___NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: _____ County: _____ Date of Arrest: _____

Details of pending charges: _____

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT THIS WILL BE GROUNDS FOR DENYING OR TERMINATING MY ABILITY TO PROVIDE VOLUNTEER SERVICES FOR _____.

Signed this _____ day of _____, ____.

APPLICANT/VOLUNTEER (PRINT NAME) _____

APPLICANT/VOLUNTEER SIGNATURE _____

APPLICANT PHONE # _____

OFFICE USE ONLY:	
IDENTIFICATION VERIFIED BY: _____	DATE: _____
DATE REQUEST SUBMITTED: _____	
VOLUNTEER REQUEST APPROVED: _____	
VOLUNTEER REQUEST DENIED: _____	
VOLUNTEER REQUEST CONDITIONALLY APPROVED, AS FOLLOWS: _____	