

# Tippecanoe School Corporation

## Volunteer Information Sheet



Thank you for your interest in volunteering. The safety of the students in the Tippecanoe School Corporation is a top priority. The corporation requires all volunteers to have a limited background check per TSC Policy 8120. The following information is required to conduct the limited background check and the information will be used for this purpose only:

Return this form to the school office where you have an interest in serving as a volunteer. A separate form is needed for each school. This background check is valid for one school year. It's imperative that you submit this form with ample amount of time before you wish to volunteer as the results may take some time to become available from the Indiana State Police.

### Parent/Adult Information (as it appears on driver's license or state/federal identification)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Other Names Used (Maiden Name, Nicknames, etc.) \_\_\_\_\_

Note: Secretary needs to run every name listed.

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Gender Female  Male

Race (check one): Asian/Pacific Islander  Black  American Indian/Alaskan  Multi-Racial  Unknown  White

The state determines these categories. If you don't select one they've identified TSC will have to mark you as "unknown."

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

Place of Birth (Country and State) \_\_\_\_\_

TSC School \_\_\_\_\_

**If more information is required to complete your check we will contact you by phone at that time.**

Personal phone number: (\_\_\_\_\_) - \_\_\_\_\_

### Student Information (one form per school; list any children you have attending this school)

Last Name, First Name _____	Teacher Name _____	Grade _____
Last Name, First Name _____	Teacher Name _____	Grade _____
Last Name, First Name _____	Teacher Name _____	Grade _____
Last Name, First Name _____	Teacher Name _____	Grade _____

### Background Information

1. Have you ever been convicted of a felony that has not been expunged per IC 35-38-9-10? Yes  No
2. Have you ever been investigated for or found guilty of any crimes against a minor? Yes  No

**If you answered YES to any of the above questions or have any pertinent information to share, please explain the circumstances or information in detail. You may attach a separate sheet.**

Explanation (if applicable):

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Conviction of a crime or any affirmative answer by you on this form is not an automatic ban to volunteering. The school system will consider the nature of any conviction or alleged conduct underlying an affirmative response, the date of the conduct in question, your intervening conduct, and the relationship between an offense or alleged conduct underlying the affirmative response and the position for which you are volunteering.

Any misrepresentation or omission of fact on this profile shall be sufficient grounds for disqualification from further consideration. Your signature below denotes your understanding of these conditions.

**Acknowledgements and Authorization**

Submission of this form certifies that I hereby expressly authorize the Tippecanoe School Corporation Board of Education, its agents, and its employees to investigate my personal or employment history, expressly including but not limited to federal and/or state criminal, law enforcement, or traffic records, which may include confirmation by fingerprint identification, now or at any time during my status as a volunteer with the Corporation.

Initial signifies agreement

\_\_\_\_\_ I will abide by all Board policies and District guidelines while on duty as a volunteer.

\_\_\_\_\_ I understand that I will be covered under the District’s liability policy, but the District shall not provide any type of health insurance to cover illness or accident incurred while serving as a volunteer, nor is a volunteer eligible for worker’s compensation.

\_\_\_\_\_ I understand that I am required to report any personal arrests on the filing of criminal charges while serving as a volunteer.

\_\_\_\_\_ I will maintain appropriate physical and emotional boundaries with children and youth as a school volunteer.

\_\_\_\_\_ I will not use tobacco, alcohol, or illicit drugs or be under the influence of alcohol or drugs while serving as a volunteer.

\_\_\_\_\_ I understand that I may be exposed to privileged information regarding students, staff, and/or other persons involved with the TSC. Failure to keep such information confidential may result in termination of my volunteer activities upon administrative recommendation.

By signing below, I acknowledge that I agree with all the above terms and conditions. I understand the building principal will notify me if I am not eligible to volunteer.

Volunteer’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For office use only:

Status: Approved  Not Approved

Signature of School Official: \_\_\_\_\_ Date: \_\_\_\_\_