GREENCASTLE COMMUNITY SCHOOL CORPORATION

CONSENT TO PERFORM NON-EMPLOYMENT BACKGROUND CHECK FOR VOLUNTEERING ACTIVITIES

Last Name	First N	ame	Middle Name or Initial					
Maiden or other name(s) used in any and all other records of birth or records of residence.								
Address		Apartment or #						
City	County	State	Zip					
** Date of Birth	**Ger	der	**Race					
**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 Greencastle Community School Corporation 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 Greencastle Community School Corporation'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 Greencastle Community School Corporation and any agency used by Greencastle Community School Corporation 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 Greencastle Community School Corporation. I acknowledge that facsimile, copy or electronic version of this form shall be as valid as the original.								
The following are my res	sponses to questions about m	y criminal history (if	any).					
	de minor traffic misdemeano		fore a court for any federal, state or municipal					
State:	County:		Date of Offense: / /					
Details of conviction:								
2YES NO	Have you ever-received def	erred adjudication o	r similar disposition for any federal, state or					
municipal offense? If yes, please provide det	tails below.							
State:	County:		Date of Offense:					
Details of offense:								

3YESNO municipal offense?		I probation or community supervision for any federal, state or ails below.
State:	County:	Date of Offense:
Details of supervision		
	O Have you ever bee Inited States? If yes, plea	n convicted of any criminal offense in a country outside the use provide details below.
Country:	City:	Date of Offense:
Details of conviction:		
5YESNO If yes, please provide		onsent form, do you have any pending charges against you?
State:	County:	Date of Arrest
Details of pending cha	arges:	
	TO BE USED TO LIST RADUATION OR AGE	ALL COUNTIES AND STATES OF RESIDENCE SINCE 18.
CITY/TOWN		COUNTY STATE
TRUE, CORRECTOR INCOMPLETERMINATING	Γ AND COMPLETE. TE, I UNDERSTAND	ORMATION PROVIDED IN THIS CONSENT FORM IS IF ANY INFORMATION PROVES TO BE INCORRECT THAT THIS WILL BE GROUNDS FOR DENYING OR OVIDE VOLUNTEER SERVICES FOR GREENCASTLE ON.
Date:		
		ME)

VOLUNTEER

INFORMATION ABOU	T THE VOLUNTEER	2			
Name			Date		
First	Middle	Last			
Address					
Date of Birth					
Gender	Race				
Phone	(Home)		(Work)		_(Cell)
DO YOU HAVE CHILD	REN IN OUR SCHOO	OLS?yes	no		
Name(s) of Your Child(re	en) and where they att	end:			
Name	Building	Name		Building	_
Name	Building	Name		Building	
REFERENCES					
Name	Add	Address		Phone Number	
<u>1.</u>					
2.					
3.					
By signing this document, Board of School Trustees, arising from or as a result compensation, or any other	its members, and staff, of my services for the G	from any and all Greencastle Schoo	claims, causes of a	action, and damag	es
(Please complete the attack	ned consent form).				
Signature:		Г	Oate:		

A LEGIBLE COPY OF A STATE ISSUED PICTURE I.D. OR PASSPORT MUST BE ATTACHED TO THIS FORM. We must be able to verify your date of birth.