

Batesville Intermediate School



707 W. Columbus Ave., Batesville, Indiana 47006
Dr. Jere Schoettmer, Principal **Mrs. Patricia Johnson, Counselor**
812-934-5701

Volunteer Participation Request & Background Check Form

*Prospective volunteers will receive consideration without
discrimination because of race, creed, color, sex, age,
national origin or disability.*

Today's Date: _____

Volunteer Personal Information

Legal Name (First, Middle Initial, Last):

Student Name(s):

Teacher(s):

Address (City, State, Zip Code):

Home Phone:

Work Phone:

Cell Phone:

Volunteer Date of Birth:

Gender: (circle one)
Male or Female

Race:

American Indian/Alaskan

Asian/Pacific Islander

Black

Multi-Racial

White

Activities you plan to volunteer for:

Please check ALL the activities you are expecting to volunteer for:

Field Trips Field Days Century Club Classroom Volunteer

Emergency Contact Information:

Please list who we should contact in an emergency:

Name of Contact:

Relationship:

Phone:

Address:

Please list any medical information that may assist us in the event of an emergency:

Physician's name & number:

Allergies:

Current Medications:

Criminal Background History

Have you ever been convicted of a violation of a law or ordinance other than a minor traffic violation?

Yes No (circle one)

If yes, please specify below:

Date:

Charge:

Place:

Action Taken:

Please Read Carefully and Sign

I certify that the information in this application (and any accompanying documents) is true. I understand that falsification of any information in this application, discovered at any time before, during or after I begin my position is cause for disqualification for volunteer activities.

I hereby authorize the Batesville Community School Corporation to verify, obtain copies of records and gather any information pertaining to my submitting a volunteer application with the Batesville Community School Corporation. My signature on this application authorizes the BCSC to request written verification as needed. I understand that all volunteers must undergo a limited criminal background check through the Indiana State Police. I hereby authorize the procurement of this report. I release from liability any person giving or receiving such information now or in the future. I hereby release the BCSC and any of their agents from any and all liabilities arising out of any errors or omissions regarding my background information.

The receipt of this application does not imply that I will be offered a position as a volunteer. If accepted as a volunteer, I agree to comply with established rules, policies and procedures. This includes, but is not limited to, those which relate to confidentiality, employment and universal precautions.

I understand that my volunteer position with BCSC is at the discretion of BCSC administration; my volunteer position can be discontinued at any time at the discretion of BCSC administration or myself.

Volunteer Signature:

Date:

As a Batesville Community School Corporation volunteer, I agree that: I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning students, teachers, and staff; and not seek to obtain confidential information from a student. Unauthorized possession, use, copying or reading of school records; or the disclosure of information contained in such records to non-school personnel or unauthorized persons is not allowed. I have read the above policy and agree to be bound by it and understand that failure to comply with school policies, rules and regulations will result in termination from the volunteer program.

Volunteer Signature:

Date:

*Return to the BIS office.
Background checks are conducted at the beginning of each semester.*

INTERNAL USE ONLY

Criminal History Completed: YES NO

Approved to Volunteer: YES NO

Principal's Signature:

Date: