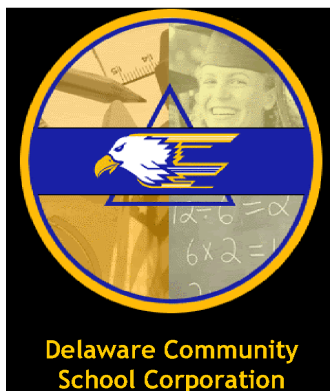


DELAWARE COMMUNITY SCHOOL CORPORATION
VOLUNTEER FORM
2023-2024



For Office Use Only:	Initial each line as completed
Person accepting application:	_____
Originating building:	_____
Person completing background checks:	_____

Any false or misleading information you provide shall be grounds to refuse to allow you to volunteer, or if you have been volunteering, shall be cause to terminate your role as a volunteer.

Place a check mark on the line beside the school(s) where you would like to volunteer:

AES _____ DMS _____
EES _____ DHS _____
RES _____

Name _____
(Last) (First) (Middle Initial) (Maiden)

Address _____
(Street) (City) (State) (Zip Code)

Home Telephone Number _____

Cell Telephone Number _____ (optional)

Work Telephone Number _____ (optional)

Do you have children and/or relatives who attend/work at Delaware Community Schools?
Yes _____ No _____

If no, why do you have an interest in volunteering? _____

List the first and last names of your children and/or relatives who attend/work at Delaware Community Schools:

Name	School
_____	_____
_____	_____
_____	_____
_____	_____

As part of the protection of Delaware Community School's students, your cooperation in answering the following questions will be appreciated:

1. Have you ever been charged with or convicted of a crime related to any of the following: sexual abuse; sexual misconduct; child abuse; theft of or taking property; mishandling funds; fraud; forgery; the use, sale or possession of controlled substances or alcohol; intoxication; or for any crime other than a minor traffic offense?

No _____ Yes _____ If yes, please explain:
(use additional paper if needed)

Your signature below constitutes an understanding for the reason of volunteering for Delaware Community School Corporation:

1. You authorize the School Corporation to check your criminal history record under IC 5-2-5-5 and the sex offender record.
2. You authorize the School Corporation to check your employment history, including, but not limited to, contacting references and obtaining investigatory information possessed by any private or public employer, or any state, local or federal agency.
3. You authorize any prior private or public employer, or any state, local or federal agency contacted in connection with your volunteer form, to provide the Delaware Community Schools any information on the matters covered on this form.
4. You shall agree to abide by all Board policies and administrative guidelines while on duty as a volunteer.
5. You shall be covered under the School Corporation's liability policy, but the School Corporation shall not provide any type of health insurance to cover illness or accident incurred while serving as a volunteer, nor are you eligible for Worker's Compensation.
6. Your signature below releases the School Corporation of any obligation should you become ill or receive any injury as a result of your volunteer services.
7. You agree to inform the School Corporation of any changes in your criminal history status.

First Name Middle Initial Last Name

Date of Birth Gender Race

Signature of Applicant: _____ Date: _____

A copy of your driver's license or picture I.D. will be required to process your Limited Criminal History Background Check. Thank you.