

EAST ALLEN COUNTY SCHOOLS

Limited Indiana Background Authorization

Only complete this form if you are planning to volunteer at your child's school or attending a field trip.

Please complete both sides of this form.

School where background form is being submitted: Leo Elementary School

I am Volunteering/or attending a field trip _____ Yes _____ No

PLEASE PRINT LEGIBLY:

Your Name: _____

Address: _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Telephone Number: _____

Your date of birth: _____ / _____ / _____
Month Day Year

Gender at birth: **Male:** _____ **Female:** _____

Race: _____ White _____ Black _____ Asian/Pacific Islander
_____ Multi Racial _____ Hispanic _____ American Indian/Alaskan

Make sure that you ONLY list children in the **East Allen County Schools District**.

Name of Child: _____ **School:** _____

Name of Child: _____ **School:** _____

Name of Child: _____ **School:** _____

Name of Child: _____ **School:** _____

Your signature must be obtained to complete an Indiana background check. All information on this form is needed to process this back ground check. incomplete forms will be returned to your child's school.

~ TURN FORM OVER ~

Request For Background Information

Volunteering with East Allen County Schools involves contact with our student population. The following questions are designed to help East Allen County Schools evaluate your suitability to work with these students:

1. Have you ever been terminated from a volunteer position that involved working with children?

Yes ____ No ____

If yes, explain the circumstances.

2. Have you ever resigned from a volunteer position that involved working with children after being offered the opportunity to resign rather than have your volunteer services terminated? Yes ____ No ____

If yes, explain the circumstances.

3. Have you ever been convicted of a crime? Yes ____ No ____

If yes, please state the crime and the court and date of conviction: _____

AUTHORIZATION and RELEASE

I authorize East Allen County Schools to check my volunteer service history and to perform a criminal history background investigation. I further authorize those persons, agencies, or entities that East Allen County Schools contacts in connection with my application to volunteer to fully provide East Allen County Schools any information on the matters set forth above. I expressly waive in connection with any request for, or provision of such information, any claims or causes of action, including without limitation, defamation, infliction of emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against East Allen County Schools, its officials, employees, or agents, or against any provider of such information. I have read this authorization and release of all claims and I expressly agree to the terms set out herein.

Signature of Applicant

Printed Name

Date