

VALPARAISO COMMUNITY SCHOOLS

LIMITED CRIMINAL BACKGROUND RELEASE FORM

VOLUNTEER _____

CHAPERONE _____

COACH _____

OTHER _____

I agree to abide by all relevant VCS School Board policies and administrative guidelines while on duty for the Corporation. I understand that, although I am covered under the Corporation’s liability insurance policy, I am not covered by its health insurance policy nor am I eligible for worker’s compensation. Should I become ill or suffer an accident while being a volunteer, chaperone or coach for the Corporation, I agree that I shall be responsible for any and all hospital and medical charges that may occur.

I understand further that, as a volunteer, chaperone or coach, I am not in any manner considered an employee of the Corporation or entitled to any benefits provided to employees. I further release the Board from any and all liability for any damages, whatever their nature, which may result to me as a consequence of my being a volunteer, chaperone or coach.

In order to protect the children of the school, the Corporation is required to conduct a limited criminal history background check on all its staff members, volunteers, chaperones and coaches. In completing this form I authorize the school district to seek a “Limited Criminal Background” on me.

_____ Current Date _____ School _____

_____ Name (Print) (Please use full name) _____ Principal’s Signature

_____ First Name, MI, Last Name – (signature) _____ Student Name/ Relationship to Student

_____ Address (City, State, Zip)

_____ Date of Birth (Person filling out the form) Sex Male Female

Race: (*These are the only choices offered by the Indiana State Police*)

American Indian/Alaskan Multi-Racial

Asian/Pacific Islander White

Black Unknown

Please return completed form to your child’s teacher or to the Building Principal.