

**VALPARAISO COMMUNITY SCHOOLS
LIMITED CRIMINAL BACKGROUND CHECK**

I have offered my services as a:

- 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 workers 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)

Student Name/Relationship to Student

Address (City, State, Zip)

Email (Required)

Date of Birth

Sex: **Male** **Female**

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

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> American Indiana/Alaskan | <input type="checkbox"/> Multi-Racial |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> Black | <input type="checkbox"/> Unknown |

Signature