

SOUTH BEND COMMUNITY SCHOOL CORPORATION

215 S. DR. MARTIN LUTHER KING, JR. BLVD. SOUTH BEND, INDIANA 46601 TELEPHONE (574) 393-6000

Volunteer Application Form Consent to Criminal History Background check

PLEASE PRINT CLEARLY AND COMPLETE ALL FIELDS:

List name of all children enrolled with SBCS	C Lis	t teachers]
				_
				-
				-
				J
List each of the school(s) at which you would	l like to	volunteer (required):		
(1)	(4)			<u> </u>
(2)	(5)			<u>-</u>
(3)	(6)			_
Last Name: (Please print)	First N	lame:	MI:	
List all other names you have used including	maide	n name:		_
Distantioner hames you have used merdanig	, marac	ii name.		_
				_
Date of Birth (mo/day/year): / /		SSN#:		_
Current Address:				_ _
				_ _
☐ Male ☐ Female ☐ White ☐	Black	☐ Multi Race ☐ Hispanic		<u>_</u>
☐ American Indian/Alaskan ☐ Asian/Pacific	Islander	□ Unknown		_
Email Address:		Telephone Number:		=
Please place a check in the box to designate volunteer type:				
☐ Parent/Guardian ☐ Community Volunteer ☐ Corporate/Organization Volunteer*				
Other Volunteer Reason, please circle: Lunch with Student – Help in				
Classroom – Field Trip – Other				
* Employer/Organization Represented: (REQUIRED if Corporate/Organization Volunteer is selected above)				
Address:				
Email Address:		Telephone Number:		
VOLUNTEER CONSENT AND RELEASE STATEMENT				
P	lease red	nd carefully before signing		
I certify that the information contained on this appunderstand that falsification of information submit disqualification. I also understand that I am requestion of volunteer services. If I am accept the Board of School Trustees. I understand that the property or my person while I am acting as a volunteer services.	ted as pa uired to pted as a e South E	art of my application to provide vo submit to a criminal history bac volunteer, I understand and agree	lunteer services will be kground check as a to abide by the rules a	e cause for my condition for and guidelines of
Applicant Signature		Date		