

School: _____
Date: _____

**Muncie Community Schools
2017-2018 Volunteer Information Form**

All volunteers for Muncie Community Schools must complete both sides of this form.

VOLUNTEER NAME: _____
(Last) (First) (MI)
VOLUNTEER'S ADDRESS _____ CITY _____ STATE _____
PREFERRED PHONE CONTACT NUMBER _____
CELL PHONE _____ WORK PHONE (OPTIONAL) _____
EMAIL ADDRESS _____

Only **ONE FORM** is needed per volunteer, per year. Place a check mark on the line beside the school(s) where you would like to volunteer: East Washington Academy _____ Grissom _____ Longfellow _____
North View _____ South View _____ West View _____ Northside _____ Southside _____
Central _____ MACC _____

Are you an employee of Muncie Community Schools? Yes _____ No _____
Do you have children who attend Muncie Community Schools? Yes _____ No _____

List the first and last names of your children who attend MCS schools.

(NAME)	(GRADE/TEACHER)	(SCHOOL)
_____	_____	_____
_____	_____	_____
_____	_____	_____

As a volunteer, what would you like to do?

____ Assist with fundraising/concessions ____ Chaperone field trips ____ Help with sporting events
____ Help decorate halls/rooms/lockers ____ Assist in Office ____ Assist in Classroom
____ Band ____ Other (Please List) _____

Availability: please select times you are available as a volunteer:

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday
____ Mornings ____ Afternoons ____ Evenings ____ Anytime

List any experience or training you have had which will contribute to your volunteer skills.

Have you previously volunteered? _____

If yes, when and where? _____

For the protection of the children in the school, Muncie Community Schools completes limited background checks on all volunteers. Your cooperation in answering the following questions will be appreciated.

Please complete the information on the backside of this form.

Supplemental Background Information

(Must be completed as part of this volunteer information process.)

- 1. Have you been discharged, resigned while you were under investigation for misconduct, or been asked to resign from a prior position?

If so, explain the circumstances, including the date and nature of any investigation; the date of your separation from employment; and, a description of the incidents or events underlying the discharge or resignation.

No _____ Yes _____ (Please explain)

- 2. Have you ever been convicted of a crime related to any of the following: sexual contact with another person; 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; or, intoxication?

If so, explain the circumstances, including the matter for which you were investigated; a description of any underlying incidents or events; the date and nature of the investigation; the date and nature of the disposition of the investigation; and, any other information which you want to provide concerning the matter.

No _____ Yes _____ (Please explain)

Any false or misleading information that 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.

Your signature below constitutes an understanding that because you are a volunteer with the Muncie Community Schools:

- 1.) The School Corporation may check your criminal history record under IC 5-2-5-5.
- 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 Muncie 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 workers 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.) And finally, you agree to inform the School Corporation of any changes in your criminal history status.

Are you willing to drive for school activities? (Requires driving record review) Yes _____ No _____

If yes, _____
Driver's License Number (10 – Digits)

Print Last Name (Legal) First (Legal) MI (Maiden) Social Security Number

Signature Date of Birth

Date If individual applying to volunteer is under 18 years of age, parent/guardian MUST sign on line below.

Parent/Guardian of Volunteer Signature

Office Use Only
Background Check Receipt ID # _____
National Sex Offenders Registry _____ Initials: _____