

Today's Date: _____

School/Department _____

School City of Hammond
Authorization for Release of Criminal History Information/Volunteer Release Form

I, _____, have offered my services as a

PLEASE PRINT CLEARLY: first name-middle initial-last name

volunteer to help the School Corporation in the following areas:

I agree to abide by all relevant 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 doing volunteer work for the Corporation, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, 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 as a consequence of my volunteer services.

I understand that I am required to report to the Superintendent within two (2) business days any arrests, the filing of criminal charges against me, and any conviction for a crime that occurs while I am serving as a volunteer.

I understand that I am required to report to the Superintendent within two (2) business days any substantiated report of child abuse or neglect of which I am the subject that occurs while I am serving as a volunteer and that a substantiated report of child abuse against me will result in the immediate termination of my privilege to serve as a volunteer.

I understand that the Corporation must conduct a criminal background check for the protection of the children in its schools. I agree to submit a Limited Criminal History Record Check and direct and authorize the **Indiana State Police** to make available to the Human Resources Department, School City of Hammond, 41 Williams Street, Hammond IN 46320, any and all information pertaining to my criminal history. Please answer the following questions and keep in mind that failure to answer these questions honestly may result in your inability to serve as a volunteer and/or chaperone.

How many years have you had residency in the State of Indiana? _____

Have you ever been charged with and/or convicted of a criminal offense? _____ If yes, please list the criminal offense(s) of which you were charged and/or convicted. Also, explain the circumstances of the criminal offense.

What is your relationship to the student(s) whom you want to volunteer: _____

School _____ Student's Name _____ Grade/Teacher _____

School _____ Student's Name _____ Grade/Teacher _____

School _____ Student's Name _____ Grade/Teacher _____

Volunteer's Name (printed) _____

Volunteer's Signature _____

Volunteer's Date of Birth ____/____/____

Volunteer's Address _____

City _____ State _____ Zip code _____

Sex: Male Female

Race: Black Hispanic Multi White Other

WITNESS:
