

JOHN GLENN SCHOOL CORPORATION
VOLUNTEER LIMITED CRIMINAL HISTORY CHECK
AUTHORIZATION FORM

To help ensure a safe environment and as required by state law, the John Glenn School Corporation will obtain for each volunteer that is likely to have direct, ongoing contact with children, a limited criminal history check. The limited criminal history check will be obtained by the Corporation prior to the individual's volunteer work beginning.

Any information obtained from any type of criminal history check is confidential and shall not be released or disseminated.

LEGAL REFERENCE: I.C. 20-26-5-10 I.C. 20-26-5-11

By signing below, I, _____, hereby voluntarily authorize John Glenn School Corporation to obtain a limited criminal history check about me, and to consider this information when making decisions regarding my volunteer status at John Glenn School Corporation.

Print Name (Last, First, Middle)

Gender

Email Address

Race

Date of Birth (MM/DD/YYYY)

State of Birth

Current Address: _____

Phone Number

Signature

Date

For office use only:
This authorization for is for a VOLUNTEER.

Submitted by: _____