

VALPARAISO COMMUNITY SCHOOLS LIMITED CRIMINAL BACKGROUND RELEASE FORM

I have offered my service as a:

// Volunteer/Chaperone // Coach // Substitute

// Other _____
(Describe)

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

Student's Name

School

Principal's Signature

PRINT - First Name, MI, Last Name

Signature (First Name, MI, Last Name)

Address (City, State, Zip)

Date of Birth _____

Sex: // Male // Female

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

// American Indian / Alaskan // Multi-Racial // White

// Asian / Pacific Islander // Black // Unknown

Please return the completed form to your child's teacher or the Building Principal.