



Penn-Harris-Madison School Corporation
Volunteer Criminal Background Check Form

This information will be kept confidential.

School: \_\_\_\_\_

Last Name: [grid of 12 boxes]

First Name: [grid of 12 boxes]

Middle Name: [grid of 12 boxes]
(full name required)

Date of Birth (mm/dd/yy): \_\_\_\_\_ Birthplace(city/state): \_\_\_\_\_ Gender: Male \_\_\_\_\_

Female \_\_\_\_\_

AKA: Other Names Used: \_\_\_\_\_

Driver's License # and State: \_\_\_\_\_

RACE: Please circle one

White (not Hispanic)

Black or African American

Hispanic or Latino

Asian

American Indian/Alaskan Native

Two or More Races

Native Hawaiian or Pacific Islander

Are you a "Sworn" Police officer: YES or NO If yes, what State \_\_\_\_\_

- Have you ever been convicted of drug or child abuse related crimes? Yes No
Have you ever been convicted of any violent crimes? Yes No
Have you ever been convicted of a major traffic violation, including DUI? Yes No
Have you ever been convicted of ANY misdemeanor or felony crimes? Yes No
Have you ever been charged with a crime for which there has not yet been an acquittal or dismissal? Yes No
Have you ever had a restraining order filed against you? Yes No

If yes to any questions, please complete the following:

Date: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Type of Offense: \_\_\_\_\_

Explanation: \_\_\_\_\_

The facts set forth on this form are true and complete to the best of my knowledge. I understand that false statements on this form shall be considered sufficient cause for non-consideration as a volunteer. By my signature, I authorize Penn-Harris-Madison School Corporation to check criminal and/or civil records.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Forwarded To: \_\_\_\_\_ Date: \_\_\_\_\_

Disapproved By: \_\_\_\_\_ Date: \_\_\_\_\_



Penn-Harris-Madison School Corporation
Volunteer Intake Form

Last Name First Middle

Address City State Zip

Home phone Work phone Cell phone

E-mail address:

School(s) for volunteer placement:

Student's name (if applicable): Grade School

Relationship to student:

Please indicate your areas of interest:

How often will you be volunteering?

Please list two people to contact in case of an emergency:

Name Address Home Phone Work Phone Cell Phone

Name Address Home Phone Work Phone Cell Phone

Primary doctor's name: Phone