

Valparaiso Community Schools

Limited Criminal Background Release Form

I have volunteered my services as a:

- Volunteer _____
- Chaperone _____
- Coach _____
- Other _____

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.

Date: _____

School: Central Elementary School

Name: (Please Print **FULL** Name)

Principal: Jean Sienkowski

Signature: First Name, MI, Last Name

Student Name Relationship to Student

Address: _____

Date of Birth: _____
(person completing form)

Sex: Male Female

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

- American Indian/Alaskan Multi-Racial
- Asian/Pacific Islander White
- Black Unknown

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