VALPARAISO COMMUNITY SCHOOLS
LIMITED CRIMINAL BACKGROUND CHECK

I have offered my services as a:

☐ **Volunteer** _____
(please describe)

☐ **Chaperone** _____
(please describe)

☐ **Coach** _____
(please describe)

☐ **Other** _____
(please 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.

Full **LEGAL** Name: _____ _____ _____ _____
First Name **Middle Name** **Last Name** **Jr./Sr./III, etc**

_____
Current Address (City, State, Zip)

_____ _____ _____ _____ - _____ - _____
State of Birth **Country of Birth** **Date of Birth** **Social Security #** (optional)

Sex: ☐ **Male** ☐ **Female**

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

☐ American Indian/Alaskan ☐ Multi-Racial

☐ Asian/Pacific Islander ☐ White

☐ Black ☐ Unknown

_____ _____
Email (Required) **Signature**

_____ _____
Student Name/Relationship to Student **Date**