



**SUPERVISED  
VOLUNTEER BACKGROUND CHECK (FREE)  
NOTICE TO VOLUNTEERS REGARDING BACKGROUND INVESTIGATION**

I understand that Plymouth Community School Corporation will obtain a State of Indiana Policy Criminal Records Database and the Sex Offender Database report based upon my information below.

I understand if my Volunteer Application is approved by the Plymouth Community School Corporation, I agree to abide by all relevant 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 worker's compensation. Should I become ill or suffer an accident while doing volunteer work for the Corporation, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, 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 as a consequence of my volunteer services.

I have received and reviewed the Volunteer Parent Criminal Background Check Policy. I understand that the Plymouth Community School Corporation requires an annual background check for each volunteer and that I may be disqualified and prohibited from volunteering in any school within the corporation based on the results of this background check. I also understand that, while serving as a volunteer, I am required to notify the school administration if I am arrested or if criminal charges are filed against me.

By signing below, I, \_\_\_\_\_, have read, understand, and consent to the above. I further authorize that a photographic copy or telephonic facsimile of this document shall be valid for purposes present and future. My signature below certifies that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge.

**AUTHORIZATION**

\_\_\_\_\_  
Print Name (First, Middle, Last)

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)                      Email address                      Phone number

Any other names I have been known by: \_\_\_\_\_

Current Address: \_\_\_\_\_

Gender:            M            F

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

**For Office Use Only**

**(To be completed by the building Administrative Assistants)**

This form is to be used for volunteers who are always supervised and are not being paid by PCSC.

Verified identification using government issued photo ID: \_\_\_\_\_ Driver's License            Other type of ID: \_\_\_\_\_ (Attach copy)

Name of Student: \_\_\_\_\_                      Date of Field Trip/Event: \_\_\_\_\_

School/Location: \_\_\_\_\_                      Verified by: \_\_\_\_\_