

ALEXANDRIA COMMUNITY SCHOOL CORPORATION

800 N. CENTRAL, ALEXANDRIA, INDIANA 46001

TELEPHONE: (765) 724-4496 FAX: (765) 724-5049

APPLICATION FOR FIELD TRIP/ SCHOOL VOLUNTEER

Date: ____/____/____

School(s) HS AE

Please print all information:

Name: _____

First

Middle

Last

Address: _____

City: _____ State _____ Zip _____

Email Address: _____ Home/Cell # _____

For what activity will you be volunteering for (ie: field trip, classroom, etc.):

IF YOUR CHILDREN ATTEND ALEXANDRIA SCHOOLS:

Childs Name: _____ School Attending _____

Childs Name: _____ School Attending _____

Childs Name: _____ School Attending _____

Childs Name: _____ School Attending _____

CONFIDENTIALTY AGREEMENT

School volunteers, on occasion, have access to private information about students. Failure to respect and maintain student privacy will result in the loss of volunteer status.



*By checking this box, I am stating that I understand and agree to abide by the above confidentiality statement.

**ALEXANDRIA COMMUNITY SCHOOL CORPORATION
REQUEST FOR BACKGROUND INFORMATION AUTHORIZATION AND RELEASE**

Volunteering with the Alexandria Community school Corporation involves contact with our student population. We ask that you complete the questions below to help us evaluate your suitability to work with students. All applicants for volunteer positions are expected to provide us with background information; you are not being singled out from other applicants for closer inspection. This is part of the application and any misrepresentation or omission of fact may be grounds for disqualification from further consideration regardless of when the misrepresentation or omission is discovered.

Conviction of a crime or any affirmative answer provided by you on this is not an automatic bar to being a school volunteer. The School Corporation will consider the nature of any conviction or alleged conduct underlying an affirmative response, the date of the alleged conduct underlying an affirmative response and the position for which you are applying.

A. Have you ever been investigated for, charged with plead or "guilty" or "no contest" to any crime involving the physical or sexual abuse of any person or indecency with a minor?

Yes _____ No _____

B. Have you ever been charged with a crime, other than a minor traffic offense, where the court has deferred further proceedings without entering a finding of guilt and place you on probation or in a public service or educational program?

Yes _____ No _____

(If you answered yes to any of the above questions, explain the circumstances of each on a separate sheet and attach it to this application.)

I authorize release of information for a limited criminal background check to be run by the administration of the Alexandria Community School Corporation. I authorize these private or public employees or local state, or federal agencies to provide the school corporation any information they may release concerning the matters described herein, and I will cooperate to the extent necessary to obtain the release of this information.

I EXPRESSLY WAIVE IN CONNECTION WITH ANY REQUESTS FOR OR PROVISION OF SUCH INFORMATION, ANY CLAIMS, CAUSE, OR ACTIONS, INCLUDING WITHOUT LIMITATION, DEFAMATION, INFLICTION OF EMOTIONAL DISTRESS, INVASION OF PRIVACY, OR INTERFERENCE WITH CONTRACTUAL RELATIONSTHAT I MIGHT OTHERWISE HAVE AGAINST THE SCHOOL CORPORATION IT'S OFFICIALS, EMPLOYEES, TRUSTEES, OR AGENTS, OR AGAINST ANY PROVIDER OF SUCH INFORMATION.

I HAVE READ THIS AUTORIZATIOIN AND RELEASE OF ALL CLAIMS AND I EXPRESSLY AGREE TO THE TERMS SET OUT HEREIN.

Please print your full name as it appears on your driver license or social security card:

Legal Name _____

Signature of Application _____ Date _____

Date of Birth _____ Place of Birth _____ Gender _____ Race _____

It is the policy of the Alexandria School Board that no professional staff member or candidate for such a position in the Corporation shall, on the basis of race, color religion, national origin including limited English proficiency, creed, or ancestry, age gender, marital status, disability, and handicapping condition, be discriminated against excluding from participation in, denied the benefits of, or otherwise subjected to ,discrimination in any program or activity for which the Board is responsible or for which it receives financial assistance from the U.S. Department of Education.

The Alexandria Community School Corporation is an Equal Opportunity Employer