

THIS FORM MAY BE USED FOR INDIVIDUALS WISHING TO SERVE AS CLASSROOM/PROGRAM VOLUNTEERS, SPECIAL GUEST PROGRAM PRESENTERS, CHAPERONES, ROOM PARENTS, THOSE SEEKING PERMISSION TO EAT LUNCH WITH A STUDENT IN THE SCHOOL CAFETERIA, OR FOR ANY OTHER INDIVIDUAL REQUESTING PERMISSION TO ENTER THE SCHOOL OR BE ALLOWED ON SCHOOL GROUNDS.

CRIMINAL HISTORY INFORMATION

Are you presently being investigated or under a procedure to consider your discharge for misconduct by your present employer? YES___ NO___

Have you ever been reprimanded, disciplined, discharged, or asked to resign from a position? YES___ NO___

Have you ever resigned from a position without being asked, but under circumstances involving your employer's investigation of sexual contact with another person, of mishandling of funds, or of criminal conduct? YES___ NO___

Have you ever been charged with or investigated for sexual abuse of another person? YES___ NO___

Have you ever been charged with, pleaded guilty or "no contest" (nolo contendere) to, or been convicted of any crime involving sexual abuse of any person or any other crime of moral turpitude? (Moral turpitude is an act of baseness, vileness, or depravity in the private and social duties which a person owes another member of society [or society in general] and which is contrary to the accepted rule of right and duty between persons, including, but not limited to theft, attempted theft, murder, rape, swindling, and indecency with a minor.) YES___ NO___

Have you (a) ever been convicted of a crime, other than a minor traffic offense; or (b) ever entered a plea of guilty or a plea of "no contest" (nolo contendere), or has any court ever deferred further proceedings without entering a finding of guilty and placed you on probation, for any crime other than a minor traffic offense? YES___ NO___

If you have answered yes to any one of the previous questions, please explain, in detail, including the date of the charge, the court action, the offense in question, and the address of the court involved (attach additional pages if necessary).

Conviction of a crime does not automatically ban you from participation. The district will consider the nature of the offense, the date of the offense, and the relationship between the offense and your involvement as a participant.


Any false or misleading information on this form shall be fully sufficient grounds to refuse your participation in any capacity and shall be immediate cause for removal.

My signature below constitutes authorization to check my employment history, including without limitation, evaluations, criminal arrest and conviction record checks, reference checks, and release of investigatory information possessed by any private or public employer or any state, local, or federal agency. I further authorize those persons, agencies, or entities that the La Porte Community School Corporation contacts in connection with my application to fully provide the La Porte Community School Corporation any information on the matters set forth above. I expressly waive in connection with any request for or provision of such information, any claims, including without limitation, defamation, emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the La Porte Community School Corporation, its agents and officials, or against any provider of such information.

Applicant's Signature

Date

Applicant's **Clearly-Printed** Name

(OVER PLEASE) 

I would like to participate in activities at **CRICHFIELD ELEMENTARY** School in the following ways:

CHECK ALL THAT APPLY

- | | |
|--|--|
| <input type="checkbox"/> Classroom/Program Volunteer | <input type="checkbox"/> Event/Trip Chaperone |
| <input type="checkbox"/> Room Parent | <input type="checkbox"/> Eating Lunch with a Student |
| <input type="checkbox"/> Special Program Presenter | <input type="checkbox"/> Classroom Observation |
| <input type="checkbox"/> Other (please describe) _____ | |

I agree to abide by all relevant School Board policies and administrative guidelines while involved in school activities. 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 participating in school activities, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I further understand that, as a participant, 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 participation.

For the protection of the children in the school, the Corporation is required by law to inquire of its staff members whether or not they have ever been convicted of a crime related to children. We would appreciate your cooperation by indicating that you have never been convicted of any of the following offenses: aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, aggravated menacing, abuse or neglect of a child, kidnapping, abduction, child stealing, criminal child enticement, rape, sexual battery, corruption of a minor, gross sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually-oriented matter involving a minor, illegal use of a minor in nudity-oriented material or performance, endangering children, contributing to the delinquency of children, carrying concealed weapons, improperly discharging a firearm at or into a school or house, corrupting another with drugs, placing harmful objects in or adulterating food or confection.

I attest that I have never been charged with or convicted of any of the crimes outlined in the paragraph above.

Applicant’s **Clearly-Printed** Name*

Applicant’s Written Signature*

Applicant’s Date of Birth*

Applicant’s Gender*: Male Female

Applicant’s Race*

<input type="checkbox"/> White	<input type="checkbox"/> Black
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> American Indian or Alaskan
<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Unknown

Student Enrolled at Crichfield

Corporation Witness

Date

*This information is required to submit a criminal-history background request.