

BUILDING/GROUP REQUESTING CHECK _____

EVENT & DATE _____
(If for a specific field trip)

**VOLUNTEER
NOTICE REGARDING BACKGROUND INVESTIGATION**

Background checks are required for Northwestern Consolidated School District by all volunteers who may have student supervision responsibilities when staff members are not present.

Please be advised that the nature and scope of the most common form of investigative report obtained with regard to volunteering at Northwestern Consolidated School District of Shelby County is an investigation into your police record and/or motor vehicle record conducted by Indiana State Police Limited Criminal History Reporting. Identification may be requested by a staff member when you first volunteer.

AUTHORIZATION

By signing below, I, _____, hereby voluntarily authorize Northwestern Consolidated School District of Shelby County to obtain an investigative report about me from Indiana State Police Limited Criminal History Reporting agency and to consider this information when making decisions regarding my ability to volunteer at Northwestern Consolidated School District of Shelby County. I understand that I have rights under the Fair Credit Reporting Act, including items listed above. This report may be delivered in either written or electronic form.

When signing below you also agree to the following: I agree to abide by all relevant School Board policies and administrative guidelines while on duty for the district. I understand that, although I am covered under the District'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 district, 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 this district 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.

Print Name (last, first, middle)

Date of Birth (MM/DD/YYYY)

Race

Sex

**PLEASE RETURN WITH A COPY OF
YOUR DRIVER'S LICENSE**

X _____
Signature

Date

If for any reason your report contains adverse information, you have the right, upon written request made within reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative report.