

**SOUTH CENTRAL COMMUNITY SCHOOLS  
LIMITED CRIMINAL BACKGROUND RELEASE FORM**



I have offered my services as a:

- Volunteer \_\_\_\_\_  
(Describe)
- Chaperone \_\_\_\_\_  
(Describe)
- Visitor \_\_\_\_\_  
(Describe)
- Other \_\_\_\_\_  
(Describe)

I agree to abide by all relevant South Central 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 visitor 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 visitor, 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 visitor. I agree that I will preserve confidentiality for all information seen or heard during the course of my time as a volunteer, chaperone, or visitor. I understand that if I breach this confidentiality, my privileges to visit the school may be revoked. In addition, I recognize that I cannot post pictures taken at school to social media sites, with the exception of my own child.

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.

\_\_\_\_\_  
**Current Date**

\_\_\_\_\_  
School

\_\_\_\_\_  
**Name (Print) (Please use full name)**

\_\_\_\_\_  
Principal's signature

\_\_\_\_\_  
**First Name, MI, Last Name – (signature)**

\_\_\_\_\_  
**Student Name / Relationship to Student**

\_\_\_\_\_  
**Address (City, State, Zip)**

**Date of Birth** \_\_\_\_\_  
(Person filling out form)

**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

**Please return the completed form to your child's teacher or to the Building Principal.**