



# South Madison Community School Corporation Volunteer Application / Background Check

(Please print all information and use full legal name)

Applicant Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Applicant First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_ Gender M F

Race: American Indian/Alaskan Asian/Pacific Islander

Black Multi-Racial White Unknown

Childs full name: \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

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Childs full name: \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

**Please Note:** A volunteer application and criminal background check are required each year to volunteer in the school, accompany students on field trips, help with class parties, or to eat lunch with a student. Your signature below indicates consent for the Indiana State criminal background check.

Applicants Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Requesting School: Please complete all information and return to Central Office.