

Mississinewa Community School Corporation

APPLICATION FOR FIELD TRIP/SCHOOL VOLUNTEER

It is the policy of Mississinewa School Corporation not to discriminate on the basis of race, color, religion, sex, national origin, age, or disability, in its programs, activities, or employment policies as required by the Indiana Civil Rights Law (I.C. 22-9-1), Title VI and VII (Civil Rights Act of 1964), the Equal Pay Act of 1973, Title IX (Educational Amendments), Section 504 (Rehabilitation Act of 1973), and the Americans with Disabilities Act (42 USCS Â§12101,et. seq.).

Inquiries regarding compliance by Mississinewa School Corporation with Title IX, Section 504, and other civil rights laws may be directed to:

Superintendent (Mrs. Lezlie Winter)
Mississinewa Community School Corporation
424 East South A Street
Gas City, IN 46933

Telephone (765) 674-8528

Adopted April 17, 2007

Date _____

Volunteer Name

First

Middle Initial

Last

Maiden Name _____ Gender _____

Race _____ Date of Birth _____ (Must be at least 18 years old)

State of Birth _____

Married Name 1 _____ Married Name 2 _____

Social Security Number _____ (required for background check)

Street _____ City _____ Zip Code _____

Phone Numbers: Cell _____ Home _____ Work _____

School(s) at which you wish to volunteer and your student's name

(Return all pages to the FIRST school you list)

Student's Full Name _____ Grade _____

Student's Full Name _____ Grade _____

Present Employment:

Employer _____

Street _____ City _____ Zip Code _____

What experiences have you had that indicates you can work well with children?

Please list three professional or personal references:

Name	Address	City	Contact Phone

Volunteering with the Mississinewa 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 in question, your intervening conduct, and the relationship between an offense or alleged conduct underlying an affirmative response and the position for which you are applying.

A. Have you ever been investigated for, charged with, plead 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 placed you on probation or in a public service or education 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 the administration of the Mississinewa Community School Corporation to check my employment history, including without limitation, reference checks, and to seek the release of information, including a “limited criminal history”, possessed by any private or public employer or any local, state, or federal agency. 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 REQUEST FOR, OR PROVISION OF SUCH INFORMATION, ANY CLAIMS, CAUSES, OR ACTIONS, INCLUDING WITHOUT LIMITATION, DEFAMATION, INFLICTION OF EMOTIONAL DISTRESS, INVASION OF PRIVACY, OR INTERFERENCE WITH CONTRACTUAL RELATIONS THAT I MIGHT OTHERWISE HAVE AGAINST THE SCHOOL CORPORATION, ITS OFFICIALS, EMPLOYEES, TRUSTEES, OR AGENTS, OR AGAINST ANY PROVIDER OF SUCH INFORMATION.

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

Please print your name: _____

Signature of Applicant: _____

Date: _____

Received by: _____
(signed by office recipient)