



PENN·HARRIS·MADISON

SCHOOL CORPORATION

Volunteer/Visitor Background Check Form

Last Name: (Print) _____

First Name: (Print) _____

Middle Name (full name required): _____

Email Address: _____

Date of Birth (mm/dd/yy): _____ Birthplace (city/state): _____

Phone Number: _____ Student Involved _____

Gender: _____ AKA (Other names used): _____

Maiden Name or Other Married Name _____

Race (Please mark one): White (not Hispanic) Black or African American
Hispanic or Latino Asian American Native American/Alaskan Native Native Hawaiian or Pacific Islander
Two or more races: _____

Are you a "Sworn" police officer: **(YES) or (NO)** If yes then what State? _____

Have you ever been convicted, pleaded guilty or no contest before a court for any federal, state or municipal criminal offense, such as a misdemeanor/felony, regardless of the age of conviction? Please include any felony/misdemeanor driving offenses such as Driving While Suspended, DWI (Driving while under the influence) or OWI (Operating a vehicle under the influence). Traffic infractions are not required for disclosure. **(YES) or (NO)**

Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?
(YES) or (NO)

Do you currently have any pending charges against you? **(YES) or (NO)**

(If YES to any questions, complete the details on page 2)

AUTHORIZATION: I understand that by providing my signature and by signing below "I agree" and consent to Penn-Harris-Madison School Corporation to complete a limited background check and/or civil records using federal, state and local agencies for verification. I understand I have rights under the Fair Credit Reporting Act, including having access to this report. This information will be considered by P-H-M when making decisions regarding my application for Volunteer Services.

My Signature: _____

Date of Signature: ____/____/____ School Name _____



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Last Name: _____

First Name: _____

If yes to any questions on previous page, please complete the following:

Date: _____

County: _____

State: _____

Type of Offense:

Explanation:

The facts set forth on this form are true and complete to the best of my knowledge. I understand that false statements on this form shall be considered sufficient cause for non-consideration as a volunteer.

Other Explanations:

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FOR OFFICE USE ONLY: Approved By: _____ Date: _____

Forwarded To: _____ Date: _____

Disapproved By: _____ Date: _____