



Supervised Volunteer Form (Free)

NOTICE TO VOLUNTEERS REGARDING BACKGROUND INVESTIGATION

I understand that a consumer report (background screening report) and/or an investigative consumer report (reference checks and/or interviews) that may include information from public or private sources regarding my character, driving records, criminal history, court records (both civil and criminal), qualifications and experience, work habits, and/or other information relevant to my volunteer service may be obtained in connection with my application as a volunteer with Monroe County Community School Corporation.

I understand that, if I am approved for volunteer service by Monroe County Community School Corporation, this background check authorization will be kept on file and may be used at any time during my service to procure further information when, in the judgment of Monroe County Community School Corporation such may be necessary.

I hereby release and discharge to the extent permitted by law, Monroe County Community School Corporation its employees, any individual or agency obtaining information for Monroe County Community School Corporation and any personal or professional reference, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

I understand that I am volunteering my services and declare in no way shall I be considered an employee or subcontractor or independent contractor of Monroe County Community School Corporation.

By signing below, I, \_\_\_\_\_, have read, understand and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for purposes present and future. My signature below certifies that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge.

I understand that I have specific prescribed rights as a consumer under the Fair Credit Reporting Act and may have additional rights under relevant state laws. I hereby certify that I have read the Summary of Rights under the Fair Credit Reporting Act located at <http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre35.pdf>.

AUTHORIZATION

Print Name (last, first, middle) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Place of Birth \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Phone Number \_\_\_\_\_
(For ID Purposes Only)

Other Names I have been known by: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Addresses (Last 3 Years) \_\_\_\_\_

Ethnicity:  American-Indian/Alaskan  Asian/Pacific Islander  African-American  Multi-Racial  White  Unknown

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

(To be completed by building Administrative Assistants.)

This form is to be used for volunteers who are not being paid by MCCSC.

Verified Identification using photo ID: \_\_\_\_\_ Driver's License Other type of ID: \_\_\_\_\_

Type of volunteer:
Supervised Volunteer (volunteer working under supervision of authorized MCCSC personnel) (Indiana Only)

Name of Student: \_\_\_\_\_ Date of Program or Event: \_\_\_\_\_

School/Program: \_\_\_\_\_ Verified / Requested by: \_\_\_\_\_

Please verify that you have completed all three checks:
ISP 
NSOR 
MC