



**SOUTH BEND COMMUNITY SCHOOL CORPORATION**

215 SOUTH ST. JOSEPH STREET SOUTH BEND, INDIANA 46601

TELEPHONE (574) 283-8000

**Volunteer Application Form**

**Consent to Criminal History Background check**

**PLEASE PRINT CLEARLY AND COMPLETE ALL FIELDS:**

List name of all children enrolled with SBCSC	List teachers

**List each of the school(s) at which you would like to volunteer (required):**

(1) _____	(4) _____	
(2) _____	(5) _____	
(3) _____	(6) _____	
<b>Last Name:</b> (Please print)	<b>First Name:</b>	<b>MI:</b>

**List all other names you have used including maiden name:**

\_\_\_\_\_

<b>Date of Birth (mo/day/year):</b> /    /	<b>SSN#:</b> -    -
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**Current Address:**

\_\_\_\_\_

<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Multi Race <input type="checkbox"/> Hispanic
<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Unknown	

**Email Address:**

**Telephone Number:**

**Please place a check in the box to indicate the reason(s) for volunteering:**

Parent/Guardian     Community Volunteer     Corporate/Organization Volunteer\*  
 Other \_\_\_\_\_

**\* Employer/Organization Represented:**

(REQUIRED if Corporate/Organization Volunteer is selected above)

\_\_\_\_\_

**Address:**

\_\_\_\_\_

**Email Address:**

**Telephone Number:**

**VOLUNTEER CONSENT AND RELEASE STATEMENT**

*Please read carefully before signing*

I certify that the information contained on this application as submitted is true, complete and accurate to the best of my knowledge. I understand that falsification of information submitted as part of my application to provide volunteer services will be cause for my disqualification. **I also understand that I am required to submit to a criminal history background check as a condition for consideration of volunteer services.** If I am accepted as a volunteer, I understand and agree to abide by the rules and guidelines of the Board of School Trustees. I understand that the South Bend Community School Corporation is not responsible for any injury to my property or my person while I am acting as a volunteer.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date