GREENCASTLE COMMUNITY SCHOOL CORPORATION

CONSENT TO PERFORM NON-EMPLOYMENT BACKGROUND CHECK FOR VOLUNTEERING ACTIVITIES

Last Name First Name Middle Name or Initial

Maiden or other name(s) used in any and all other records of birth or records of residence.

* Address Apartment or #

City County State Zip

** Date of Birth Social Security Number **Gender **Race

**TO BE USED FOR NON-EMPLOYMENT BACKGROUND CHECK PURPOSES ONLY

In connection with my application and desire to engage in volunteer activities, I have been advised and I hereby consent and authorize Greencastle Community School Corporation and its agent, at any time during or subsequent to my application process, to conduct a background check that may include a criminal record check and such additional verifications and reference checks as deemed necessary. I do hereby consent to Greencastle Community School Corporation's use of any information provided on this form or during the application process in performing the non-employment related background check. I agree to release, indemnify and hold harmless Greencastle Community School Corporation and any agency used by Greencastle Community School Corporation with regard to any information provided by the agency. I have been informed that I will have a reasonable opportunity to clear up any mistaken information provided by the agency within a reasonable time frame established within the sole discretion of Greencastle Community School Corporation. I acknowledge that facsimile, copy or electronic version of this form shall be as valid as the original.

The following are my responses to questions about my criminal history (if any).

1. ___YES ___NO Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? (Exclude minor traffic misdemeanors).
If yes, please provide details below.

State: County: Date of Offense: / /

Details of conviction:

2. ___YES ___NO Have you ever-received deferred adjudication or similar disposition for any federal, state or municipal offense?
If yes, please provide details below.

State: County: Date of Offense:

Details of offense: