

School: \_\_\_\_\_

VOLUNTEER PARTICIPATION FORM  
Guidelines for Volunteers  
Vigo County School Corporation

*Thank you for volunteering at our school. We need to inform you of our policy in this matter. We appreciate your cooperation as we endeavor to make our schools a safe haven for all students and staff in the Vigo County School Corporation.*

Being a volunteer is a great responsibility and one that may require you to supervise students. The guidelines below must be followed when you are approved to supervise students. The teacher is the primary supervisor and the volunteer must operate under his/her direction.

1. **No alcohol, smoking or the use of tobacco products are allowed.** The use of these items while on a field trip will be cause to remove you from consideration for any future volunteer activity.
2. **Foul or abusive language** of any kind is not permitted and will be cause to remove you from consideration for any future volunteer activity. Reports of foul or abusive language may be cause to invoke the VCSC Civility Policy that might prohibit your future contact with the school for a period of time.
3. The signature below allows the VCSC to procure a **limited criminal history check** through law enforcement agencies and use the National Data Base for sexual offenders. You may attach a statement to explain any related information that might have resulted in a criminal conviction. Conviction of any felony and some misdemeanor offenses will disqualify you from being a volunteer.
4. For field trips: You are expected to supervise the group to which you have been assigned. You further agree to **bring no other person (adult or child)** without the permission of the school principal or designee.

*I agree to the above conditions and guidelines and grant permission to the Vigo County School Corporation to request the information needed (criminal history).*

School Name \_\_\_\_\_ Name of student: \_\_\_\_\_  
**Volunteers:** Your full name \_\_\_\_\_ Male / Female: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Birthdate \_\_\_\_\_ (required) Social Security Number \_\_\_\_\_ (optional)  
 Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Optional: Race: Caucasian African/American Asian Hispanic Other

Revised September 2019  
Documents: volunteer

PLEASE ANSWER THE QUESTIONS BELOW:

Have you ever been convicted of a crime against children? \_\_\_\_\_  
 Have you ever been convicted of a felony? \_\_\_\_\_  
 Have you ever been convicted of a misdemeanor? \_\_\_\_\_

Please explain: \_\_\_\_\_

NOTE: Review and Challenge: any person may challenge the information contained in their criminal history data file by contacting the Indiana State Police. **Any untruth may result in an automatic denial.**

RETURN TO HUMAN RESOURCES OFFICE: DO NOT WRITE BELOW THIS LINE

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This individual is      approved      Has limited participation with the school as a volunteer      denied permission to participate with the school as a volunteer.

Approved by: \_\_\_\_\_