



SOUTH BEND COMMUNITY SCHOOL CORPORATION

215S. Dr. Martin Luther King, Jr. Blvd.

South Bend, Indiana 46601

Telephone (574) 393-6000

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)

Last Name: (Please print)	First Name:	MI:
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List all other names you have used including maiden name:

Date of Birth (mo/day/year): / /	SSN#: - -
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Current Address: _____

Male Female
 White Black Multi-Race Hispanic
 American Indian/Alaskan Asian/Pacific Islander Unknown

Email Address:	Telephone Number:
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Please place a check in the box to designate volunteer type:

Parent/Guardian Community Volunteer
 Corporate/Organization Volunteer* Other _____

Volunteer Reason, please circle: Lunch with Student – Help in Classroom – Field Trip – Other _____

* Employer/Organization Represented:

(REQUIRED if Corporate/Organization Volunteer is selected above)

Address: _____

Email Address:	Telephone Number:
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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