

Date of Application: _____

School: _____

**GREENSBURG COMMUNITY SCHOOLS
VOLUNTEER PARTICIPATION REQUEST FORM**

NAME: _____
(Print) Last (Maiden Name) First Middle

ADDRESS: _____ CITY: _____ ZIP CODE: _____ COUNTY: _____

TELEPHONE: _____ DATE OF BIRTH: _____ RACE: _____ SEX: _____
Home Other

Please indicate your status: Parent/Guardian of a GCS child College Student
 Corporate Volunteer Community Volunteer
 _____ _____
 Company represented Organization represented
 Other (specify) _____

Please indicate volunteer preference: Academic Tutor Classroom Reading Aide
 Office Aide Outdoor Education Room Parent
 PTO General School Volunteer Coach
 Club Sponsor Chaperone Intern/Student Teacher
 Other _____

Read carefully before signing:

*I certify that the information contained in this application as submitted is true, complete, and accurate to the best of my knowledge. I understand that falsification of information will be cause for disqualification. I also understand that I will be required to undergo a Limited Criminal History Check through the Indiana State Police repository and the National Sex Offenders Registry as a condition for consideration for volunteer service. The status of the Limited Criminal History Check and/or the National Sex Offenders Registry could affect the school's approval of the request to volunteer. A felony conviction, a history of violent offenses or sexual oriented crimes will prohibit any volunteer participation. **Please note:** If the Limited Criminal History Check shows a felony arrest or conviction, and the status of this arrest or conviction is inaccurate or has changed, it will be the responsibility of the applicant to provide court documentation indicating the status change in the arrest or conviction.*

Applicant signature: _____ Date: _____

VOLUNTEER CONSENT AND RELEASE STATEMENT

If accepted as a volunteer, I hereby consent, understand and agree to abide by the policies, rules and regulations of Greensburg Community Schools, and to comply with and abide by such other rules, regulations, and directions of the Principal, Administrator, or other responsible GCS employee. I understand that Greensburg Community Schools is not responsible for any injury to my person or damage to my property while I am acting as a volunteer. Furthermore, I hereby waive, release, covenant not to sue, and otherwise hold GCS, its officers and employees harmless from and against any and all claims or liabilities of any nature whatsoever that might arise as a result of my work as a volunteer for Greensburg Community Schools.

Applicant signature: _____ Date: _____

INTERNAL USE ONLY:

Approved to volunteer: Yes No

Building Administrator Signature: _____ Date: _____

List special skills/or interests relating to your volunteer preference:

Indicate experience working with students:

NOTIFY IN CASE OF EMERGENCY – (required information)

Name: _____ Primary telephone: _____ Work/Cell number: _____

Name: _____ Primary telephone: _____ Work/Cell number: _____

I have children attending the following schools within the Greensburg Community School Corporation:

- Greensburg Elementary School
- Greensburg Jr. High School
- Greensburg High School

Applicant Name (printed)

Applicant Signature

Date