

3. YES NO Have you ever received probation or community supervision for any federal, state or municipal offense? If yes, please provide details below.

State: _____ County: _____ Date of Offense: _____

Details of supervision:

4. YES NO Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? If yes, please provide details below.

Country: _____ City: _____ Date of Offense: _____

Details of conviction:

5. YES NO As of the date of this consent form, do you have any pending charges against you? If yes, please provide details below.

State: _____ County: _____ Date of Arrest: _____

Details of pending charges:

THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

CITY/TOWN	COUNTY	STATE

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS CONSENT FORM IS TRUE, CORRECT AND COMPLETE. IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE, I UNDERSTAND THAT THIS WILL BE GROUNDS FOR DENYING OR TERMINATING MY ABILITY TO PROVIDE VOLUNTEER SERVICES FOR GREENCASTLE COMMUNITY SCHOOL CORPORATION.

Date: _____

APPLICANT/VOLUNTEER (PRINT NAME) _____

APPLICANT/VOLUNTEER SIGNATURE _____

VOLUNTEER

INFORMATION ABOUT THE VOLUNTEER

Name _____ Date _____
First Middle Last

Address _____

Date of Birth _____

Gender _____ Race _____

Phone _____ (Home) _____ (Work) _____ (Cell)

DO YOU HAVE CHILDREN IN OUR SCHOOLS? _____yes _____no

Name(s) of Your Child(ren) and where they attend:

Name Building Name Building

Name Building Name Building

REFERENCES

Name	Address	Phone Number
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1. _____

2. _____

3. _____

By signing this document, I hereby agree to hold harmless the Greencastle Community School Corporation Board of School Trustees, its members, and staff, from any and all claims, causes of action, and damages arising from or as a result of my services for the Greencastle Schools. No health insurance, workman's compensation, or any other paid benefits will be provided.

(Please complete the attached consent form).

Signature: _____ Date: _____

**A LEGIBLE COPY OF A STATE ISSUED PICTURE I.D. OR PASSPORT MUST BE ATTACHED TO THIS FORM.
We must be able to verify your date of birth.**