

2019-2020 Corporation Parent Volunteer Application

The following must represent your legal name stated on your Social Security Card

Date: _____

First Name: _____

Middle Initial: _____

Last Name: _____

Former/Maiden Name: _____

Gender: M F

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Birthdate: _____ Email: _____

School Building: _____

Student(s): _____

For the protection of students, I authorize the Plymouth Community School Corporation to obtain a State of Indiana Police Criminal Records Database and the Sex Offender Database reports based upon the above information. I also attest that all information on this form and information included with my attached picture ID is true representation of my identification. I have read and understand the Volunteer Parent Criminal Background Check Policy.

Signature

Date

Reports must be completed before the volunteer begins any activities involving students within the Plymouth Community School Corporation. A completed background check must be submitted one (1) week prior to the scheduled event. The background check is valid for the current school year.

*School office staff will process the searches and will maintain the completed reports on file for a minimum of 3 years, after that time they will be properly destroyed.