



**7203 EAST U.S. HIGHWAY 36  
AVON, IN 46123**

**PHONE: (317) 544-6000  
FAX: (317) 544-6001  
www.avon-schools.org**

**Avon Community School Corporation  
Application for Parent/Patron Volunteer & Visitor  
Updated APRIL 2016**

The Avon Community Board of School Trustees adopted a revised Volunteer Background policy which requires a criminal history and sex offender registry checks for all volunteers and some visitors. This is being done to enhance the safety and security of our schools. If you plan to volunteer or frequently visit, please fill out this form and return it to the school principal. The information you provide will be used only for this purpose and will be held in confidence. Only one background check per person is required for all Avon Community Schools.

Please note that the Superintendent is to inform each volunteer that they:

- A. shall agree to abide by all Board policies and Corporation guidelines while on duty as a volunteer (BP 8120);
- B. will be covered under the Corporation's liability policy but the Corporation shall not provide any type of health insurance to cover illness or accident incurred while serving as a volunteer, nor is the volunteer eligible for workers' compensation;
- C. will be asked to sign a form, releasing the Corporation of any obligation should the volunteer become ill or receive an injury as a result of his/her volunteer services;
- D. will be required to report any personal arrests on the filing of criminal charges while serving as a volunteer;

**All overnight fieldtrips require a full Volunteer Background Check**

The Superintendent shall also ensure that each volunteer is properly informed of the Corporation's appreciation for his/her time and efforts in assisting the operation of the schools.

With respect,

Margaret Hoernemann, Ph.D.  
Superintendent

**Board of School Trustees**

Pamela J. DeWeese  
Anne L. Engelhardt  
John K. McDavid  
David D. Webb  
Kimberly L. Woodward

**Administration**

**Superintendent**  
Margaret E. Hoernemann, Ph.D.  
**Assistant Superintendents**  
John F. Atha, Ed.D.  
Maryanne B. McMahon, Ph.D.  
**Director**  
Brock J. Bowsher

**Avon Community School Corporation  
Application for Parent/Patron Volunteer & Visitor  
Updated May 2016**

**PLEASE PRINT CLEARLY  
PLEASE COMPLETE ALL LINES**

**Legal name as it appears on your driver's license or social security card.**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Other First Name \_\_\_\_\_ Other Last Name \_\_\_\_\_  
(If applicable) (i.e. Maiden)

Race \_\_\_\_\_ Sex (F) \_\_\_\_\_ (M) \_\_\_\_\_

Date of Birth: Month \_\_\_ Day \_\_\_ Year \_\_\_ Place of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all of your children who attend Avon Schools (Youngest to Oldest)

Child(ren) Name(s)	School(s)
_____	_____
_____	_____
_____	_____
_____	_____

- **Please note, you may be asked by school officials for more data if requested by Indiana State Police**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only*

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Building Principal Signature: \_\_\_\_\_